



Royal Commission
into Defence and Veteran Suicide

Appendices

Volume 7

Final Report

Alex Seton

For Every Drop Shed in Anguish

made in Sydney, 2022–2023

Australian Pearl Marble

dimensions variable

Collection of the Australian War Memorial, acquired by commission in 2023

AWM2021.938.1

© Alex Seton

Together with veterans and their families, the Australian War Memorial commissioned this work of art to recognise and commemorate the suffering caused by war and military service. *For Every Drop Shed in Anguish* by Alex Seton provides a place in the Australian War Memorial's Sculpture Garden for visitors to grieve, to reflect on service experiences, and to remember the long-term cost of war and service.

Artist Alex Seton said, 'These rounded and abstracted liquid forms represent every drop of blood, sweat and tears ever shed by Australian military personnel and their families. It was very important that we create a different kind of memorial, not a singular heroic monument, but a grouping that acknowledges that there is a wider impact of mental and physical trauma. The large group of forms alludes to the suffering that radiates out from the individual, affecting their family, friends and communities.'

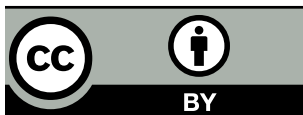
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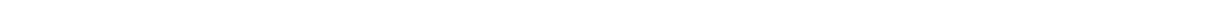
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Royal Commission
into Defence and Veteran Suicide

Final Report

Volume 7:
Appendices



Content warning – discussion of suicide and suicidality

This report is about suicide and suicidality among serving and ex-serving Australian Defence Force (ADF) members. It includes information related to these topics as well as experiences that have contributed to people becoming suicidal. This report includes content that readers may find distressing, confronting, emotionally-laden or otherwise difficult to read. You may find that reading this report brings up traumatic memories or strong emotional responses. We encourage you to speak with someone you trust, or you may wish to seek professional support through one of the services listed here if needed.

It is important to write about suicide, suicidality, traumatic experiences and their ramifications safely and responsibly. In the past, talking about suicide and suicidality has been taboo. We aim to approach our discussion about them in a constructive way. This report was written in line with our trauma-informed approach and using guidance from the Mindframe program.¹ We have aimed to avoid using language that might stigmatise suicide or suicidality or that might inadvertently encourage suicide. We recognise that because this report includes evidence and information provided by other people and organisations, there may be times when the language used does not always meet best practice guidelines.

Urgent support

If you require urgent or immediate help, you can:

- call triple zero (000)
- go to your local emergency department.

1 Mindframe, *A guide for media reporting on defence and veteran suicide*, 22 December 2022.

Crisis support services

Suicide Call Back Service

1300 659 467

24-hour counselling service for suicide prevention and mental health. Available via telephone, online and by video chat.

Open Arms

1800 011 046

24-hour mental health support for Navy, Army & Air Force personnel, veterans and their families.

Defence Member and Family Helpline

1800 624 608

24-hour service providing a range of practical and emotional support programs for families facing emergency or crisis.

Defence All-hours Support Line

1800 628 036

24-hour service for Australian Defence Force members and their families providing help to access military or civilian mental health services.

Lifeline Australia

13 11 14 or text 0477 13 11 14

24-hour crisis support service. Available via telephone, online and text chat.

Beyond Blue

1300 224 636

24-hour counselling service. Available via telephone, online or email.

1800RESPECT

1800 737 732

24-hour counselling service for sexual assault, family and domestic violence.

Men's Referral Service

1300 766 491

24-hour counselling, information and referral service for men concerned about their own use of violence or abusive behaviour.

MensLine

1300 78 99 78

24-hour support for men with concerns about mental health, anger management, family violence, addiction, relationship stress and wellbeing. Available via telephone, online and by video chat.

13YARN

13 92 76

24-hour national support line for First Nations people in crisis.

QLife

Call 1800 184 527 or visit qlife.org.au

The QLife phone and webchat service is available 3pm to midnight every day, providing space for where LGBTQI+ people and their loved ones can talk about anything affecting their lives.

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Part 9

Appendices

Appendix A Letters Patent

Commonwealth Letter of Patent 8 July 2021

ENTERED ON RECORD by me in Register of Patents No. 56, page 57, on 8 July 2021

Secretary to the Federal Executive Council

ELIZABETH THE SECOND, by the Grace of God Queen of Australia and Her other Realms and Territories, Head of the Commonwealth

TO

Mr Naguib Kaldas APM,
The Honourable James Sholto Douglas QC, and
Dr Peggy Brown AO

GREETING

RECOGNISING the unique nature of military service, and the ongoing impact such service may have on the physical and mental health of defence members and veterans.

AND that as a community Australians value the contribution and sacrifice made by defence members and veterans in their service, and the sacrifice of their families.

AND that every death by suicide is a tragic event, and that there is an overrepresentation of defence and veteran deaths by suicide in Australia, and that this overrepresentation should be acknowledged and understood to ensure that learnings are made and to prevent future deaths by suicide.

AND the critical role played by, and broad concept of, families, carers, friends and others as the support network for defence members and veterans.

AND that government and non-government organisations including the Australian Defence Force (the ADF), the Department of Veterans' Affairs, ex-service organisations and the health care system provide important services (including mental health support services) and support for defence members, veterans and their families that are beneficial to wellbeing and whole-of-life care.

AND that Australia as a nation must take action to examine and expose all systemic issues and risk factors related to suicide, and implement actions to address the systemic issues and risk factors exposed.

AND that hearing from defence members, veterans, their families and others about their individual experiences will be a central contribution to your inquiry and these experiences can inform best-practice, strategies and reforms and can assist in prevention and healing.

AND all Australian Governments have expressed their support for, and undertaken to cooperate with, your inquiry.

AND that your independent inquiry, including its findings and recommendations, will provide a foundation for the future work of the National Commissioner for Defence and Veteran Suicide Prevention.

NOW THEREFORE We do, by these Our Letters Patent issued in Our name by Our Governor-General of the Commonwealth of Australia on the advice of the Federal Executive Council and under the Constitution of the Commonwealth of Australia, the *Royal Commissions Act 1902* and every other enabling power, appoint you to be a Commission of inquiry, and require and authorise you to inquire into the following matters:

- (a) systemic issues and any common themes among defence and veteran deaths by suicide, or defence members and veterans who have other lived experience of suicide behaviour or risk factors (including attempted or contemplated suicide, feelings of suicide or poor mental health outcomes);
- (b) a systemic analysis of the contributing risk factors relevant to defence and veteran death by suicide, including the possible contribution of pre-service, service (including training and deployments), transition, separation and post-service issues, such as the following:
 - (i) the manner or time in which the defence member or veteran was recruited to the ADF;
 - (ii) the relevance, if any, of the particular branch, service or posting history, or the rank of the defence member or veteran;
 - (iii) the manner or time in which the defence member or veteran transitioned from the ADF or transitioned between service categories;
 - (iv) the availability, accessibility, timeliness and quality of health, wellbeing and support services (including mental health support services) to the defence member or veteran, and the effectiveness of such services;
 - (v) the manner and extent to which information about the defence member or veteran is held by and shared within and between different government entities;
 - (vi) the reporting and recording of information, relevant to the mental and physical health of defence members and veterans, at enlistment and during and after service;

- (c) the impact of culture within the ADF, the Department of Defence and the Department of Veterans' Affairs on defence members' and veterans' physical and mental wellbeing;
- (d) the role of non-government organisations, including ex-service organisations, in providing relevant services and support for defence members, veterans, their families and others;
- (e) protective and rehabilitative factors for defence members and veterans who have lived experience of suicide behaviour or risk factors;
- (f) any systemic issues in the current availability and effectiveness of support services for, and in the engagement with, families and others:
 - (i) affected by a defence and veteran death by suicide; or
 - (ii) who have supported a defence member or veteran with lived experience of suicide behaviour or risk factors;
- (g) any systemic issues in the nature of defence members' and veterans' engagement with the Department of Defence, the Department of Veterans' Affairs or other Commonwealth, State or Territory government entities (including those acting on behalf of those entities) about support services, claims or entitlements relevant to defence and veteran deaths by suicide or relevant to defence members and veterans who have other lived experience of suicide behaviour or risk factors, including any systemic issues in engaging with multiple government entities;
- (h) the legislative and policy frameworks, administered by the Department of Defence, the Department of Veterans' Affairs and other Commonwealth, State or Territory government entities, relating to the support services, claims and entitlements referred to in paragraph (g);
- (i) any systemic risk factors contributing to defence and veteran death by suicide, including the following:
 - (i) defence members' and veterans' social or family contexts;
 - (ii) housing or employment issues for defence members and veterans;
 - (iii) defence members' and veterans' economic and financial circumstances;
- (j) any matter reasonably incidental to a matter referred to in paragraphs (a) to (i) or that you believe is reasonably relevant to your inquiry.

AND We direct you to make any recommendations arising out of your inquiry that you consider appropriate, including recommendations about any policy, legislative, administrative or structural reforms.

AND, without limiting the scope of your inquiry or the scope of any recommendations arising out of your inquiry that you may consider appropriate, We direct you, for the purposes of your inquiry and recommendations, to have regard to the following matters:

- (k) the findings and recommendations of previous relevant reports and inquiries (including relevant coronial inquiries, the Productivity Commission *A Better Way to Support Veterans* inquiry (2019), and other relevant Royal Commissions and commissions of inquiry), including any assessment of the adequacy and extent of implementation of those recommendations;
- (l) the work of, and any relevant information and data provided to you by, the interim National Commissioner for Defence and Veteran Suicide Prevention or the National Commissioner for Defence and Veteran Suicide Prevention;
- (m) the support available to members of the defence forces of other countries and veterans of such defence forces, particularly in Canada, New Zealand, the United Kingdom, and the United States of America;
- (n) ways in which government and non-government organisations and the community could:
 - (i) address systemic risk factors relevant to defence and veteran death by suicide; and
 - (ii) better protect and support vulnerable defence members and veterans;
- (o) desirable support services for, and engagement with, families and others affected by defence and veteran death by suicide or who have supported a defence member or veteran with lived experience of suicide behaviour or risk factors;
- (p) opportunities to promote understanding of suicide behaviour and risk factors, and protective factors, within the ADF and veteran communities, and the broader Australian community.

AND We further declare that you are not required by these Our Letters Patent to inquire, or to continue to inquire, into a particular matter to the extent that you are satisfied that the matter has been, is being, or will be, sufficiently and appropriately dealt with by another inquiry or investigation or a criminal or civil proceeding.

AND We further declare that you are not required by these Our Letters Patent to make findings on the manner or cause of death in relation to a particular defence and veteran death by suicide.

AND, without limiting the scope of your inquiry or the scope of any recommendations arising out of your inquiry that you may consider appropriate, We direct you, for the purposes of your inquiry and recommendations, to consider the following matters, and We authorise you, as you consider appropriate, having regard to the date by which you are required to submit your final report, to take (or refrain from taking) any action arising out of your consideration:

- (q) the need to establish accessible and appropriate trauma-informed arrangements for the following people to engage with your inquiry and to provide evidence to you, and share information with you, about their experiences, recognising that some people may not wish to share their experiences:
 - (i) defence members and veterans with lived experience of suicide behaviour or risk factors;
 - (ii) families and others affected by defence and veteran death by suicide, or who have supported a defence member or veteran with lived experience of suicide behaviour or risk factors;
- (r) the need to focus your inquiry and recommendations on systemic issues, recognising nevertheless that you will be informed by individual experiences and may need to make referrals to appropriate authorities;
- (s) the need to establish mechanisms to facilitate the timely communication of information, or the furnishing of evidence, documents or things, in accordance with section 6P of the *Royal Commissions Act 1902* or any other relevant law, including, for example, for the purpose of enabling the timely investigation and prosecution of offences;
- (t) the need to ensure that evidence that may be received by you that identifies particular individuals as having been subject to inappropriate treatment is dealt with in a way that does not prejudice current or future criminal or civil proceedings or coronial inquiries or other contemporaneous inquiries;
- (u) the need to establish appropriate arrangements in relation to current and previous inquiries, in Australia and elsewhere, for evidence and information to be shared with you in ways consistent with relevant obligations so that the work of those inquiries, including, with any necessary consents, the testimony of witnesses, can be taken into account by you in a way that avoids unnecessary duplication, improves efficiency and avoids unnecessary trauma to witnesses;

- (v) the need to recognise and appropriately protect any intelligence information or operationally sensitive information obtained by you;
- (w) the need to establish appropriate arrangements with the heads of the relevant Australian intelligence entities for obtaining, storing, accessing, using, disclosing and returning intelligence information relating to an Australian intelligence entity.

AND We appoint you, Mr Naguib Kaldas APM, to be the Chair of the Commission.

AND We direct that the Chair be responsible for ensuring the effective, orderly and expeditious conduct of the inquiry in all its facets and, in discharging that responsibility, the Chair may give directions to other appointed Commissioners.

AND We declare that you are a relevant Commission for the purposes of sections 4 and 5 of the *Royal Commissions Act 1902*.

AND We declare that you are a Royal Commission to which item 5 of the table in subsection 355-70(1) in Schedule 1 to the *Taxation Administration Act 1953* applies.

AND We declare that you are authorised to conduct your inquiry into any matter under these Our Letters Patent in combination with any inquiry into the same matter, or a matter related to that matter, that you are directed or authorised to conduct by any Commission, or under any order or appointment, made by any of Our Governors of the States or by the Government of any of Our Territories.

AND We declare that in these Our Letters Patent:

Australian Defence Force or *ADF* has the same meaning as in the *Defence Act 1903*.

Australian intelligence entity means:

- (a) the Australian Secret Intelligence Service; or
- (b) the Australian Security Intelligence Organisation; or
- (c) the Australian Geospatial-Intelligence Organisation; or
- (d) the Defence Intelligence Organisation; or
- (e) the Australian Signals Directorate; or
- (f) the Office of National Intelligence.

defence and veteran death by suicide means the death of a defence member or veteran by suicide, or suspected suicide.

defence member means a member of the Defence Force (within the meaning of the *Defence Act 1903*).

Note: The Defence Force includes the Naval Reserve, the Army Reserve and the Air Force Reserve.

Department of Defence means the Department administered by the Minister administering the *Defence Force Discipline Act 1982*.

Department of Veterans' Affairs means the Department administered by the Minister administering the *Veterans' Entitlements Act 1986*.

head, of an Australian intelligence entity, means:

- (a) in relation to the Australian Security Intelligence Organisation—the Director-General of Security; or
- (b) in relation to the Australian Secret Intelligence Service—the Director-General of the Australian Secret Intelligence Service; or
- (c) in relation to the Australian Signals Directorate—the Director-General of the Australian Signals Directorate; or
- (d) in relation to the part of the Department of Defence known as the Australian Geospatial-Intelligence Organisation—the Director of that part of the Department; or
- (e) in relation to the part of the Department of Defence known as the Defence Intelligence Organisation—the Director of that part of the Department; or
- (f) in relation to the Office of National Intelligence—the Director-General of National Intelligence.

intelligence information means information:

- (a) that was acquired or prepared by or on behalf of an Australian intelligence entity in connection with its functions; or
- (b) that relates to the performance by an Australian intelligence entity of its functions; or
- (c) that identifies a person as being, or having been, a staff member (within the meaning of the *Intelligence Services Act 2001*) or agent of the Australian Secret Intelligence Service or the Australian Security Intelligence Organisation.

law enforcement or security agency means any of the following agencies:

- (a) the Australian Defence Force;
- (b) the Australian Federal Police;
- (c) the Australian Criminal Intelligence Commission;
- (d) the Department administered by the Minister administering the *Australian Border Force Act 2015*;
- (e) the Office of the Special Investigator;

(f) the police force of a State or Territory.

operationally sensitive information means:

- (a) information about information sources or operational activities or methods available to a law enforcement or security agency; or
- (b) information about particular operations that have been, are being or are proposed to be undertaken by a law enforcement or security agency, or about proceedings relating to those operations; or
- (c) information provided by a foreign government, or by an agency of a foreign government, where that government does not consent to the public disclosure of the information.

veteran means a person who has served, or is serving, as a member of the Permanent Forces (within the meaning of the *Defence Act 1903*) or as a member of the Reserves (within the meaning of the *Defence Act 1903*).

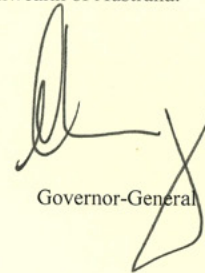
AND We:

- (x) require you to begin your inquiry as soon as practicable; and
- (y) require you to make your inquiry as expeditiously as possible; and
- (z) require you to ensure the inquiry is conducted in a professional, impartial, respectful and courteous manner, including appropriately managing any actual or perceived conflicts of interest; and
- (za) require you to submit to Our Governor-General an interim report that you consider appropriate not later than 11 August 2022, focusing on:
 - (i) issues requiring urgent or immediate action; and
 - (ii) any other matters you consider necessary or you consider should be referred to the interim National Commissioner for Defence and Veteran Suicide Prevention or the National Commissioner for Defence and Veteran Suicide Prevention; and
- (zb) require you to submit to Our Governor-General a report of the results of your inquiry, and your recommendations, not later than 15 June 2023.

IN WITNESS, We have caused these Our Letters to be made Patent.

WITNESS General the Honourable David Hurley AC DSC
(Retd), Governor-General of the Commonwealth of Australia.

Dated 8 July 2021



Governor-General

By His Excellency's Command



Attorney-General

Commonwealth Letter of Patent 10 April 2022



ELIZABETH THE SECOND, by the Grace of God Queen of Australia and Her other Realms and Territories, Head of the Commonwealth

TO

Mr Naguib Kaldas APM,

The Honourable James Sholto Douglas QC, and

Dr Peggy Brown AO

GREETING

WHEREAS, by Letters Patent issued in Our name and entered in the Register of Patents on 8 July 2021, We appointed you to be a Commission of inquiry, required and authorised you to inquire into certain matters, and required you to submit to Our Governor-General a report of the results of your inquiry, and your recommendations, not later than 15 June 2023.

AND WHEREAS it is desired to amend Our Letters Patent to require you to submit to Our Governor-General a report of the results of your inquiry, and your recommendations, not later than 17 June 2024.

NOW THEREFORE We do, by these Our Letters Patent issued in Our name by Our Governor-General of the Commonwealth of Australia on the advice of the Federal Executive Council and under the Constitution of the Commonwealth of Australia, the *Royal Commissions Act 1902* and every other enabling power, amend Our Letters Patent issued to you by omitting from paragraph (zb) "15 June 2023" and substituting "17 June 2024".

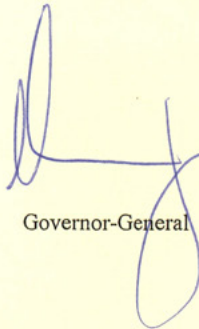
ENTERED ON RECORD by me in Register of Patents No. 57, page 28, on 10 April 2022

Secretary to the Federal Executive Council

IN WITNESS, We have caused these Our Letters to be made Patent.

WITNESS General the Honourable David Hurley AC DSC
(Retd), Governor-General of the Commonwealth of Australia.

Dated 10 April 2022



Governor-General

By His Excellency's Command



Attorney-General

Commonwealth Letter of Patent 7 December 2023



KING CHARLES THE THIRD, by the Grace of God King of Australia and His other Realms and Territories, Head of the Commonwealth

TO

Mr Naguib Kaldas APM,

The Honourable James Sholto Douglas KC, and

Dr Peggy Brown AO

GREETING

WHEREAS, by Letters Patent issued in Our name and entered in the Register of Patents on 8 July 2021 and amended by Our Letters Patent issued in Our name and entered in the Register of Patents on 10 April 2022, We appointed you to be a Commission of inquiry, required and authorised you to inquire into certain matters, and required you to submit to Our Governor-General a report of the results of your inquiry, and your recommendations, not later than 17 June 2024.

AND WHEREAS it is desired to further amend Our Letters Patent to require you to submit to Our Governor-General a report of the results of your inquiry, and your recommendations, not later than 9 September 2024.

NOW THEREFORE We do, by these Our Letters Patent issued in Our name by Our Governor-General of the Commonwealth of Australia on the advice of the Federal Executive Council and under the Constitution of the Commonwealth of Australia, the *Royal Commissions Act 1902* and every other enabling power, further amend Our Letters Patent entered in the Register of Patents on 8 July 2021 and amended by Our Letters Patent entered in the Register of Patents on 10 April 2022, by omitting from paragraph (zb) of the Letters Patent "17 June 2024" and substituting "9 September 2024".

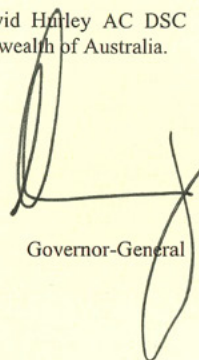
ENTERED ON RECORD by me in Register of Patents No. 58, page 67, on 7 December 2023

Secretary to the Federal Executive Council

IN WITNESS, We have caused these Our Letters to be made Patent.

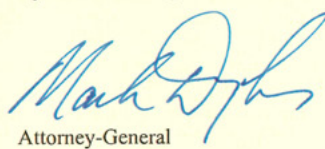
WITNESS General the Honourable David Hurley AC DSC
(Retd), Governor-General of the Commonwealth of Australia.

Dated 7 December 2023



Governor-General

By His Excellency's Command



Attorney-General

Appendix B The Royal Commission's finances

The table below provides the expenditure breakdown from financial year 2021–22 when the Royal Commission was established to financial year 2024–25 when it concluded.

Summary of expenses for the period July 2021 to October 2024	
Expense	Total cost (\$m)
Commissioners	7.41
Counsel Assisting	15.58
Solicitors Assisting	36.68
Employee costs including labour hire	42.35
Information and communication costs including electronic courts and document management services	8.20
Research Programs ¹	0.96
Travel and accommodation	2.86
Venue hire ²	1.67
Operations ³	16.56
Corporate support ⁴	8.60
Witness expenses - non-legal costs ⁵	0.13
Capital expenditure ⁶	4.10
Expense	Total cost (\$m)
Total expenditure 1 July 2021 to 30 June 2024	145.10
Forecast expenditure June 2024 to end of Royal Commission	4.59

Notes:

The Royal Commission into Defence and Veteran Suicide delivered its final report on 9 September 2024. The expenditure reflected in this table includes actual costs incurred from July 2021 to June 2024, as well as an estimate of winding down and decommissioning costs through to 18 October 2024. This table provides an accurate reflection of costs associated with the Royal Commission, including:

- 1) payments made to external research and policy contractors
- 2) venue hire and associated costs to hold public hearings and private sessions

3) all other expenses not listed separately in the table such as communication devices and service charges, annual software subscriptions, printing, advertising, stationery, security, conferences, training, property

4) corporate support provided by the Attorney-General's Department

5) witnesses' travel and loss of wages entitlements when appearing before a public hearing. The Attorney-General's Department offers financial assistance to witnesses requiring legal assistance – this is not included here.

6) costs associated with fit-out and information and communication technology (ICT) infrastructure.

Appendix C Public hearings

Hearing	Location	Date
Ceremonial Opening Hearing	Brisbane	26 November 2021
Hearing Block 1	Brisbane	29 November – 10 December 2021
Hearing Block 2	Sydney	14–18 February 2022
Hearing Block 3	Sydney	7–17 March 2022
Hearing Block 4	Canberra	4–14 April 2022
Hearing Block 5	Townsville	20–30 June 2022
Hearing Block 6	Hobart	2–10 August 2022
Hearing Block 7	Darwin	18–27 October 2022
Hearing Block 8	Wagga Wagga	28 November – 1 December 2022
Hearing Block 9	Perth	16–25 May 2023
Hearing Block 10	Adelaide	17–26 July 2023
Hearing Block 11	Melbourne	28 August – 8 September 2023
Hearing Block 12	Sydney	4 March – 28 March 2024
Ceremonial Closing Hearing	Sydney	28 August 2024

Appendix D Witness list

Hearing Block 1, Brisbane

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Nicola (Nikki) Jamieson	29 November 2021	1-47 [24]
Associate Professor Ben Wadham	29 November 2021	1-70 [46]
Associate Professor James Connor	29 November 2021	1-71 [2]
Dr Zac Seidler	29 November 2021	1-71 [5]
Michael Stone	29 November 2021	1-94 [43]
John Williams	29 November 2021	1-94 [46]
Nick Forster-Jones	29 November 2021	1-95 [2]
Christian Lind	29 November 2021	1-95 [5]
Dr Michele Dunbar	29 November 2021	1-95 [8]
Dr Bernadette Boss CSC	30 November 2021	2-135 [47]
Dr Katelyn Kerr	30 November 2021	2-179 [44]
Dr Andrew Khoo	30 November 2021	2-179 [47]
Alexandra Bailey	1 December 2021	3-221 [31]
Professor Alexander (Sandy) McFarlane AO	1 December 2021	3-253 [8]
Renee Wilson	1 December 2021	3-284 [1]
Sandi Laaksonen-Sherrin	1 December 2021	3-284 [4]
Kel Ryan	1 December 2021	3-284 [7]
Luke Adamson	1 December 2021	3-284 [10]
Wesley Woulleman	1 December 2021	3-284 [13]
Peter Jenkins	2 December 2021	4-323 [41]
Nicola (Nikki) Jamieson	2 December 2021	4-341 [46]
Padre Gary Stone	2 December 2021	4-368 [36]
Dr Phil Parker	2 December 2021	4-388 [42]
Isaac Adams	3 December 2021	5-417 [17]
Elizabeth Broderick AO	3 December 2021	5-433 [44]
Alexandra Shehadie	3 December 2021	5-433 [47]

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Major General Paul Irving AM PSM RFD (Retd)	3 December 2021	5-461 [1]
Major Heston Russell (Retd)	3 December 2021	5-461 [7]
Pat McCabe OAM	3 December 2021	5-461 [13]
Michael von Berg MC OAM	3 December 2021	5-461 [19]
Phil Goodwin	6 December 2021	6-507 [18]
Lauren Goodwin	6 December 2021	6-507 [21]
Jacinta Hawgood	6 December 2021	6-526 [15]
Dr Kairi Kõlves	6 December 2021	6-526 [18]
Captain Stuart Glover	6 December 2021	6-554 [8]
Richard (Rick) Cranna OAM	6 December 2021	6-554 [11]
Bernadette Praske	6 December 2021	6-554 [14]
Georgia Ash	6 December 2021	6-554 [17]
Ivan Slavich	6 December 2021	6-554 [20]
Richard Spencer	7 December 2021	7-596 [37]
Robert Fitzgerald AM	7 December 2021	7-596 [40]
Peter Kennedy	7 December 2021	7-636 [26]
Graham ‘Moose’ Dunlop OAM (Lieutenant Colonel Retd)	7 December 2021	7-636 [29]
Scott Brodie	7 December 2021	7-636 [32]
Dr Kathryn Turner	7 December 2021	7-670 [35]
Bronwen Edwards	8 December 2021	8-693 [6]
Simon Marshall	8 December 2021	8-709 [43]
Dr Kieran McCarthy	8 December 2021	8-734 [37]
Roderick (Rod) Martin	8 December 2021	8-734 [43]
Professor Andrea Phelps	8 December 2021	8-759 [10]
Professor Meaghan O’Donnell	8 December 2021	8-759 [16]
Dr Lisa Dell	8 December 2021	8-759 [22]
Dr John Cooper	8 December 2021	8-759 [28]
Associate Professor Nicole Sadler AM CSC	8 December 2021	8-759 [34]
BR2 (anonymised)	9 December 2021	9-797 [1]
Lee Bailey	9 December 2021	9-822 [28]

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Dr Angela Maguire	9 December 2021	9-841 [1]
Dr Kerri-Ann Woodbury	9 December 2021	9-841 [7]
Miriam Dwyer	9 December 2021	9-841 [13]
Dr Emina Priguda	9 December 2021	9-841 [19]
Professor Darrell Crawford	9 December 2021	9-841 [25]
Dr Robyn O'Sullivan	9 December 2021	9-841 [38]
Michael Fernandez de Viana	10 December 2021	10-888 [20]
Patricia Fernandez de Viana	10 December 2021	10-888 [26]
Associate Professor Ed Heffernan	10 December 2021	10-912 [29]
BR1 (anonymised)	10 December 2021	10-930 [7]
Jasmin Carmel	10 December 2021	10-952 [47]

Hearing Block 2, Sydney

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Yvonne Sillett	14 February 2022	11-1002 [28]
SY1 (anonymised)	14 February 2022	11-1029 [37]
Glenda Weston	15 February 2022	12-1053 [15]
Danny Liversidge	15 February 2022	12-1072 [13]
Hon Jennifer Coate AO	15 February 2022	12-1103 [21]
Dr Ian Freckelton AO QC	15 February 2022	12-1103 [24]
Hugh Dillon	15 February 2022	12-1103 [27]
Dr Edward (Ed) Coffey MD	16 February 2022	13-1145 [14]
Sue Murray OAM	16 February 2022	13-1145 [17]
Bonny Perry	16 February 2022	13-1170 [28]
Kamaia Alexander	16 February 2022	13-1170 [31]
SY2 (anonymised)	16 February 2022	13-1198 [19]
Gwen Cherne	17 February 2022	14-1226 [15]
Deborah McKenner	17 February 2022	14-1247 [45]
Bruce Hunter	17 February 2022	14-1257 [24]

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Gwen Cherne	17 February 2022	Previously sworn 14-1226 [15]
Vicki Rundle PSM	18 February 2022	15-1324 [5]
Traci-Ann Byrnes	18 February 2022	15-1324 [8]
Luke Brown	18 February 2022	15-1323 [11]

Hearing Block 3, Sydney

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Justine Greig	7 March 2022	16-1396 [2]
Lieutenant General Rick Burr AO DSC MVO	7 March 2022	16-1396 [5]
Warrant Officer Grant McFarlane OAM	7 March 2022	16-1396 [8]
Danielle Wilson	8 March 2022	17-1469 [19]
Professor Megan MacKenzie	8 March 2022	17-1490 [32] (called, not sworn)
Justine Greig	8 March 2022	Previously sworn 16-1396 [2]
Vice Admiral Michael Noonan AO RAN	8 March 2022	17-1521 [31]
Warrant Officer Deb Butterworth OAM CSM and Bar	8 March 2022	17-1521 [34]
SY4 (anonymised)	9 March 2022	18-1569 [37]
James Eynstone-Hinkins	9 March 2022	18-1593 [33]
Lauren Moran	9 March 2022	18-1893 [36]
Matthew James	9 March 2022	18-1617 [33]
Louise Gates	9 March 2022	18-1617 [36]
Fiona Dowsley	9 March 2022	18-1665 [37]
Ally Watson	9 March 2022	18-1665 [40]
Air Marshal Mel Hupfeld AO DSC	10 March 2022	19-1683 [36]
Warrant Officer Fiona Grasby OAM	10 March 2022	19-1683 [39]
Dr Tony Pisani	10 March 2022	19-1728 [42]
Kyle Hose	14 March 2022	20-1768 [31]
David Morton	14 March 2022	20-1788 [36]

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Rear Admiral Sarah Sharkey AM CSC RAN	14 March 2022	20-1788 [39]
Major General Natasha Fox AM CSC	14 March 2022	20-1788 [42]
Major General Wade Stothart DSC AM CSC	14 March 2022	20-1788 [45]
Air Commodore Kaarin Kooij CSC	15 March 2022	21-1857 [17]
Major General Natasha Fox AM CSC	15 March 2022	Previously sworn 20-1788 [42]
Major General Wade Stothart DSC AM CSC	15 March 2022	Previously sworn 20-1788 [45]
Justine Greig	15 March 2022	Previously sworn 16-1396 [2]
Kate Pope PSM	15 March 2022	21-1912 [22]
Veronica Hancock	15 March 2022	21-1912 [25]
Leanne Cameron	15 March 2022	21-1912 [28]
Colleen Pillen (Powers)	16 March 2022	22-1975 [1]
Kate Pope PSM	16 March 2022	Previously affirmed 21-1912 [22]
Mark Harrigan	16 March 2022	22-1992 [18]
Simon Hill	16 March 2022	22-1992 [21]
Glen Casson	16 March 2022	22-1992 [24]
Natasha Cole	16 March 2022	22-1992 [27]
Professor Myfanwy Maple	17 March 2022	23-2044 [15]
Dr Karl Andriessen	17 March 2022	23-2044 [18]
SY5 (anonymised)	17 March 2022	23-2074 [34]
Geoff Evans OAM	17 March 2022	23-2098 [38]

Hearing Block 4, Canberra

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Commissioner Kate Jenkins AO	4 April 2022	24-2156 [8]
Air Commodore Lara Gunn CSM	4 April 2022	24-2190 [45]
Teresa Pyne	5 April 2022	25-2231 [18]
CB1 (anonymised)	5 April 2022	25-2246 [25]

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Peter Sutherland	5 April 2022	25-2268 [34]
Emerita Professor Robin Creyke AO	5 April 2022	25-2268 [37]
Professor Sharon Lawn	6 April 2022	26-2311 [17]
Dr Elaine Waddell	6 April 2022	26-2311 [20]
Robert Cornall AO	6 April 2022	26-2338 [36]
Professor Jane Pirkis	6 April 2022	26-2367 [26]
Professor Louise Newman AM	6 April 2022	26-2390 [21]
Douglas Humphreys OAM	7 April 2022	27-2416 [21]
Ian Lindgren	7 April 2022	27-2447 [2]
Richard Kelloway OBE MID	7 April 2022	27-2447 [5]
Nicole (Nikki) Noakes	7 April 2022	27-2447 [8]
Gerard McAleese	7 April 2022	27-2481 [39]
Bill Gerogiannis	7 April 2022	27-2481 [42]
Geoff Lazar	7 April 2022	27-2481 [45]
Penny McKay	7 April 2022	27-2505 [47]
Sue Weston PSM	11 April 2022	28-2546 [17]
David Morton	11 April 2022	28-2592 [43]
Captain Glenn Kerr RAN	11 April 2022	28-2592 [46]
Brigadier Eamon Lenaghan CSC	11 April 2022	28-2593 [2]
Dr Tom Clarke	11 April 2022	28-2624 [5]
Monique Hamilton	11 April 2022	28-2624 [8]
Air Commodore Steve Martin AM	11 April 2022	28-2624 [11]
Maira Campbell	11 April 2022	28-2624 [14]
Rachel Goddard	11 April 2022	28-2624 [17]
Commissioner Angelene Falk	11 April 2022	28-2659 [26]
Dr Angela Maguire	12 April 2022	29-2672 [15]
Air Commodore Kaarin Kooij CSC	12 April 2022	29-2704 [5]
Angela Metschke	12 April 2022	29-2704 [8]
Major General Wade Stothart DSC AM CSC	12 April 2022	29-2704 [11]
Air Commodore Kaarin Kooij CSC	12 April 2022	Previously sworn 29-2704 [5]
Kate Pope PSM	12 April 2022	29-2749 [33]

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Leonie Nowland	12 April 2022	29-2749 [36]
Damian Hill	12 April 2022	29-2749 [39]
Ben Hofmann	13 April 2022	30-2787 [18]
Rear Admiral Sarah Sharkey AM CSC RAN	13 April 2022	30-2813 [45]
David Morton	13 April 2022	Previously sworn 28-2592 [43]
Mark Schröffel	13 April 2022	30-2870 [2]
Elizabeth (Liz) Cosson AM CSC (Major General Retd)	14 April 2022	31-2895 [42]

Hearing Block 5, Townsville

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Brigadier Kahlil Fegan DSC	20 June 2022	32-3010 [6]
Hon Andrew Gee MP	21 June 2022	33-3098 [3]
Hon Darren Chester MP	22 June 2022	34-3188 [15]
John Caligari AO DSC	22 June 2022	34-3264 [36]
Associate Professor Ben Edwards	23 June 2022	35-3320 [17]
Dr Galina Daraganova	23 June 2022	35-3320 [20]
General Angus Campbell AO DSC	23 June 2022	35-3357 [27]
General Angus Campbell AO DSC	24 June 2022	Previously sworn 35-3357 [27]
Dr Violette McGaw	24 June 2022	36-3477 [3]
Dr Ellie Lawrence-Wood	24 June 2022	36-3504 [6]
Chaplain Gary Pope	27 June 2022	37-3537 [20]
Lieutenant Colonel Karen Such	27 June 2022	37-3537 [23]
Major Tony Kennedy OAM	27 June 2022	37-3537 [27]
Warrant Officer Class 1 Brian Buskell OAM CSM	27 June 2022	37-3537 [29]
Hon Leonard (Len) Roberts-Smith RFD QC	28 June 2022	38-3620 [27]
Colonel Nianne Bennett	28 June 2022	38-3656 [42]
Jennifer Wheeler	28 June 2022	38-3656 [45]

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Elizabeth Crowe	28 June 2022	38-3695 [5]
Hon Leonard (Len) Roberts-Smith RFD QC	29 June 2022	Previously sworn 38-3620 [27]
Lieutenant Colonel Glyn Llanwarne OAM	29 June 2022	39-3762 [10]
Group Captain Karen Breaden	29 June 2022	39-3762 [14]
Captain Glenn Kerr RAN	29 June 2022	39-3762 [17]
Rachel Baker	29 June 2022	39-3762 [20]
Lieutenant Colonel Scott Foster	29 June 2022	39-3802 [41]
Commander Samantha Juckel RAN	29 June 2022	39-3802 [44]
Dr Darrell Duncan	29 June 2022	39-3802 [47]
Lieutenant Colonel Stewart Holmes-Brown	29 June 2022	39-3844 [6]
Kim Mills	29 June 2022	39-3844 [9]
Lieutenant Colonel Kenneth Golder CSC	29 June 2022	39-3844 [12]
Kylie James	30 June 2022	40-3870 [26]
Lee Smallwood	30 June 2022	40-3900 [20]
Warrant Officer Class 1 Ken Nelliman	30 June 2022	40-3900 [23]
Major Joseph West	30 June 2022	40-3900 [26]
Commodore Michael Harris OAM	30 June 2022	40-3942 [22]
Catherine (Kate) Ambler	30 June 2022	40-3942 [25]
Rachel Baker	30 June 2022	40-3942 [28]
Group Captain Karen Breaden	30 June 2022	Previously sworn 40-3942 [31]

Hearing Block 6, Hobart

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Professor Helen Milroy	2 August 2022	41-3998 [41]
Hon Guy Barnett MP	2 August 2022	41-4030 [11]
John Hardy	3 August 2022	42-4067 [9]
Barry Quinn	3 August 2022	42-4067 [12]
Richard Hutchinson	3 August 2022	42-4067 [15]

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Peter Williams	3 August 2022	42-4067 [18]
Associate Professor Adam Bourne	3 August 2022	42-4115 [27]
Joe Ball	3 August 2022	42-4115 [30]
Anna Bernasochi	3 August 2022	42-4115 [33]
Kate Pope PSM	4 August 2022	43-4161 [10]
Justin Mein	4 August 2022	43-4161 [13]
Gavin Tunstall	4 August 2022	43-4204 [19]
Dr Jonathan Lane	4 August 2022	43-4237 [36]
Senator Jacqui Lambie	5 August 2022	44-4274 [43]
Dr Andrew Clarke	5 August 2022	44-4326 [44]
Commissioner Alan Woodward	8 August 2022	45-4351 [27]
Madonna Paul	8 August 2022	45-4399 [12]
Dr Jody Hughes	8 August 2022	45-4433 [24]
Dr Stewart Muir	8 August 2022	45-4433 [27]
William McCann	9 August 2022	46-4470 [8]
Professor Christine Stirling	9 August 2022	46-4494 [8]
Professor Steven D'Alessandro	9 August 2022	46-4494 [11]
Associate Professor Amanda Neil	9 August 2022	46-4494 [14]
Professor David Forbes	9 August 2022	46-4533 [37]
HO1 (anonymised)	10 August 2022	47-4571 [10]
HO2 (anonymised)	10 August 2022	47-4571 [13]
Brigadier Duncan Hayward CSC	10 August 2022	47-4577 [38]
Lynette Tyrrell	10 August 2022	47-4577 [41]
Geoff Gallas	10 August 2022	47-4577 [44]
Glenn McPhee	10 August 2022	47-4577 [47]

Hearing Block 7, Darwin

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Captain Chloe Ryan RAN	18 October 2022	48-4654 [44]
Colonel Nianne Bennett	18 October 2022	48-4654 [47]
Lieutenant Colonel Alison Kaine	18 October 2022	48-4655 [3]
Jennifer Wheeler	18 October 2022	48-4655 [6]
Glenn McPhee	19 October 2022	49-4717 [45]
Brigadier Duncan Hayward CSC	19 October 2022	49-4718 [1]
Lynette Tyrrell	19 October 2022	49-4718 [4]
Sarah Bailey	19 October 2022	49-4718 [7]
Justin Huggett	19 October 2022	49-4782 [5]
Squadron Leader Kenneth Edwards CSC	20 October 2022	50-4821 [15]
Squadron Leader Victoria Dews	20 October 2022	50-4821 [18]
Chaplain Andrew Knox	20 October 2022	50-4821 [21]
Warrant Officer Anthony Hordern	20 October 2022	50-4821 [24]
Captain Chloe Ryan RAN	20 October 2022	Previously affirmed 50-4878 [23]
Group Captain Karen Breaden	20 October 2022	50-4878 [26]
Group Captain Wesley Perrett	20 October 2022	50-4878 [29]
Colonel Andrew Whitworth	20 October 2022	50-4878 [32]
Lieutenant Colonel David Ready	20 October 2022	50-4878 [35]
Commander Michael Halpin RAN	20 October 2022	50-4878 [38]
Captain Moses Raudino CSC ADC RAN	21 October 2022	51-4961 [13]
Professor Brad Murphy OAM	21 October 2022	51-5012 [35]
John Halloran	25 October 2022	52-5050 [8]
Robyn Halloran	25 October 2022	52-5050 [11]
David Moorcroft	25 October 2022	52-5074 [18]
Dr Mary Frost	25 October 2022	52-5074 [21]
Associate Professor David Mitchell	25 October 2022	52-5074 [24]
James Bear	25 October 2022	52-5124 [24]
Dr Luke Butcher	25 October 2022	52-5124 [27]
Paul Walker	26 October 2022	53-5154 [8]

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Jennifer Veitch	26 October 2022	53-5168 [13]
Leanne Cameron	27 October 2022	54-5204 [45]
Leonie Nowland	27 October 2022	54-5205 [1]
Wing Commander Martin Parker	27 October 2022	54-5277 [36]

Hearing Block 8, Wagga Wagga

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
James Geercke	28 November 2022	55-5357 [34]
Wing Commander Darren Dolan	28 November 2022	55-5392 [20]
Colonel Andrew Deacon CSM	29 November 2022	56-5467 [28]
Commander Alisha Withers RAN	29 November 2022	56-5520 [19]
Colonel Simon Dowse	30 November 2022	57-5588 [1]
Dr Robert Worswick CSM	30 November 2022	57-5643 [29]
Lieutenant Colonel David Cave	1 December 2022	58-5658 [26]
Air Commodore Julie Adams CSC	1 December 2022	58-5658 [29]

Hearing Block 9, Perth

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Denise Goldsworthy AO	16 May 2023	59-5815 [8]
Captain Brad Francis RAN	17 May 2023	60-5856 [7]
Brigadier Nicholas Foxall AM DSM	18 May 2023	61-5912 [9]
Lieutenant Colonel Chris Gilmore	18 May 2023	61-5972 [18]
Lieutenant Colonel Nicole Walker	18 May 2023	61-5996 [8]
Commander (anonymous)	19 May 2023	62-3 [8]
Deputy Commander (anonymous)	19 May 2023	62-3 [11]
Dr John Henderson	19 May 2023	62-55 [42]
Officer (anonymous)	19 May 2023	62-80 [42]
Captain (anonymous)	19 May 2023	62-80 [45]

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Captain Gary Lawton RAN	22 May 2023	63-6023 [33]
Commodore Heath Robertson CSC ADC RAN	22 May 2023	63-6056 [45]
Captain Ian Young AM RAN	22 May 2023	63-6098 [43]
Lieutenant Commander Melissa Peterson RAN	22 May 2023	63-6098 [46]
Group Captain Daniel Drinan	23 May 2023	64-6157 [8]
Anneliese Hilder	23 May 2023	64-6157 [11]
Justine Greig	23 May 2023	64-6209 [40]
Rear Admiral Sarah Sharkey AM CSC RAN	24 May 2023	65-6245 [42]
Brigadier Caitlin Langford	24 May 2023	65-6296 [27]
Linda Dawson	25 May 2023	66-6354 [19]
Hon Paul Papalia CSC MLA	25 May 2023	66-6354 [21]

Hearing Block 10, Adelaide

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Brigadier Andrew Moss AM CSM	17 July 2023	68-6443 [46]
Commodore Eric Young CSC RAN	17 July 2023	68-6444 [1]
Air Commodore Karen Ashworth CSC	17 July 2023	68-6444 [5]
William A Kearney OAM JP	18 July 2023	69-6581 [45]
Adam Monkhouse	18 July 2023	69-6609 [23]
Chantelle Bohan	18 July 2023	69-6609 [26]
Professor Rob Orr	18 July 2023	69-6658 [35]
Professor Rodney Pope	18 July 2023	69-6658 [38]
Dr Stephan Rudzki AM	18 July 2023	69-6658 [40]
Peter Dunn AO (Major General Retd)	19 July 2023	70-6712 [8]
Dr Jacqueline Drew	19 July 2023	70-6740 [25]
Professor Sharon Parker	19 July 2023	70-6774 [40]
Associate Professor Karina Jorritsma	19 July 2023	70-6774 [43]
Michael Maley CSC DSM	20 July 2023	71-6814 [46]

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Ashley Semmens	20 July 2023	71-6845 [6]
Jeremy Thomas	20 July 2023	71-6873 [5]
Professor Gordon Parker AO	20 July 2023	71-6903 [22]
Major General Wade Stothart DSC AM CSC	21 July 2023	72-6925 [10]
Aspasia Iosifidis	21 July 2023	72-6925 [13]
Rachel Baker	21 July 2023	72-6925 [16]
Justine Greig PSM	24 July 2023	73-6997 [24]
Kate Pope PSM	25 July 2023	74-7098 [15]
Laura Sham	25 July 2023	74-7134 [2]
Rachel Goddard	25 July 2023	74-7134 [6]
Dr Peter Wheatley	25 July 2023	74-7196 [15]
Alison Frame	26 July 2023	75-7228 [8]

Hearing Block 11, Melbourne

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Julie-Ann Finney	28 August 2023	76-7301 [5]
Jonathan Morgan	28 August 2023	76-7343 [33]
Steven Hill	28 August 2023	76-7343 [36]
James Kerin	28 August 2023	76-7343 [39]
Kate-Frances Duffy	28 August 2023	76-7343 [42]
Commander Gary Wight AM RAN	28 August 2023	76-7375 [4]
Major Tony Venables	28 August 2023	76-7375 [7]
Squadron Leader Carmel Pako	28 August 2023	76-7375 [10]
Linda Bone	28 August 2023	76-7375 [13]
Douglas Humphreys CSC OAM	29 August 2023	77-7417 [8]
Rev Dr Nikki Coleman	29 August 2023	77-7436 [24]
MB2 (anonymised)	29 August 2023	77-7481 [1]
Hon Daniel Andrews MP	30 August 2023	78-7494 [8]
Anthony Plummer	30 August 2023	78-7521 [26]
Colonel Gerrie Page	30 August 2023	78-7544 [15]

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Lieutenant Colonel Peter Francis	30 August 2023	78-7544 [18]
Gwen Cherne	31 August 2023	79-7615 [13]
Lieutenant Colonel Damien Spendelove	31 August 2023	79-7668 [25]
Brigadier John Mackenzie AM	31 August 2023	79-7668 [28]
MB1 (anonymised)	1 September 2023	80-7753 [22]
Andrew Snashall PSM	1 September 2023	80-7801 [26]
Dr Daniel Mealey	4 September 2023	81-7877 [41]
Brigadier Jason Groat CSC DSM	4 September 2023	81-7925 [46]
Lieutenant Colonel Brian Hickey	4 September 2023	81-7926 [2]
Lieutenant Colonel Tracy Allison CSC	4 September 2023	81-7926 [5]
Major General Ana Duncan AM CSC	4 September 2023	81-7926 [8]
Colonel Michelle Mason	4 September 2023	81-7926 [11]
Captain Mona Shindy CSC RAN	5 September 2023	82-7983 [11]
Group Captain Catherine Wallis CSM	5 September 2023	82-8002 [36]
Air Commodore Kaarin Kooij CSC	5 September 2023	82-8064 [16]
Dr Felix Sedal	6 September 2023	83-8127 [28]
Group Captain Angeline Lewis CSC	7 September 2023	84-8209 [8]
Air Commodore Patrick Keane AM CSC	7 September 2023	84-8209 [1]
Major General Wade Stothart DSC AM CSC	7 September 2023	84-8209 [14]
Commodore Richard Caton PSM RAN	7 September 2023	84-8209 [17]
Alastair MacIntyre	7 September 2023	84-8209 [20]
Air Commodore Lara Gunn CSM	7 September 2023	84-8261 [28]
James Gaynor CSC	7 September 2023	84-8307 [17]
James Gaynor CSC	8 September 2023	Previously affirmed 84-8307 [17]

Hearing Block 12, Sydney

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Vice Admiral David Johnston AC RAN	4 March 2024	86-8451 [5]
Matthew Yannopoulos PSM	5 March 2024	87-8546 [43]
Brigadier Caitlin Langford	5 March 2024	87-8599 [9]
Cassandra Haynes	5 March 2024	87-8599 [12]
John Armfield	6 March 2024	88-8671 [19]
Natasha Cole	6 March 2024	88-8699 [18]
Alexander Caroly	6 March 2024	88-8699 [21]
Alison McLaren	6 March 2024	88-8699 [24]
David Pullen	6 March 2024	88-8699 [27]
Leonie Nowland	6 March 2024	88-8699 [30]
Vice Admiral David Johnston AC RAN	6 March 2024	88-8794 [18]
Major General Jeffery John Sengelman DSC AM CSC (Retd)	7 March 2024	89-8841 [19]
Hon Richard Marles MP	7 March 2024	89-8874 [47]
Hon Matt Keogh MP	7 March 2024	89-8875 [3]
Emma Whitehead	12 March 2024	90-8945 [8]
Peter Kennedy	12 March 2024	90-8945 [11]
Isaac Ohlin	12 March 2024	90-8945 [14]
Louise O'Sullivan	12 March 2024	90-8945 [17]
Garth Callender	12 March 2024	90-8945 [20]
Senator Jacqui Lambie	12 March 2024	90-8965 [25]
Katie Urquhart	12 March 2024	90-9001 [6]
Group Captain Fleur James	12 March 2024	90-9001 [9]
Penelope Looker	13 March 2024	91-9083 [28]
Air Marshal Robert Chipman AO CSC	13 March 2024	91-9101 [46]
Vice Admiral Mark Hammond AO RAN	14 March 2024	92-9188 [8]
Air Vice Marshal Barbara Courtney AM	14 March 2024	92-9278 [14]
Craig Sedgman	15 March 2024	93-9311 [24]
Alison Frame	15 March 2024	93-9349 [33]
Hon David Harris MP	18 March 2024	94-9415 [22]

Name (in order of appearance)	Date of appearance	Transcript reference – witness sworn or affirmed
Hon James Sullivan MP	18 March 2024	94-9440 [41]
Minister Emma Davidson MLA	18 March 2024	94-9462 [15]
Robert Cornall AO	18 March 2024	94-9482 [44]
Dr Vivienne Thom AM	18 March 2024	94-9482 [47]
Professor Rufus Black	18 March 2024	94-9483 [3]
John Love	19 March 2024	95-9525 [12]
Celia Perkins	19 March 2024	95-9525 [15]
Lieutenant General Natasha Fox AO CSC	20 March 2024	96-9625 [8]
Lieutenant Colonel Paul Morgan (Retd)	21 March 2024	97-9742 [34]
Graeme Ross	21 March 2024	97-9742 [41]
Professor Jennifer Wild	21 March 2024	97-9803 [31]
Rear Admiral Sarah Sharkey AM CSC RAN	21 March 2024	97-9827 [19]
Rear Admiral Sonya Bennett AM RAN	21 March 2024	97-9827 [22]
Professor Alexander (Sandy) McFarlane AO	22 March 2024	98-9896 [23]
Lieutenant General Simon Stuart AO DSC	22 March 2024	98-9927 [12]
Gregory Vines	22 March 2024	98-9995 [10]
Justin Napier	22 March 2024	98-9995 [13]
Matthew Yannopoulos PSM	25 March 2024	99-10034 [8]
Dr Karen Bird	26 March 2024	100-10135 [26]
Greg Moriarty AO	26 March 2024	100-10167 [43]
General Angus Campbell AO DSC	28 March 2024	101-10256 [8]

Appendix E Roundtables

Member and veteran support and advocacy organisations

Held on Monday 15 November 2021, virtually.

Participant name	Position and organisation
Mr Maxwell Ball	National President, Vietnam Veterans' Association of Australia
Mr Richard Cranna OAM	Chair, Legacy Australia Inc
Ms Heather Evans	President, The Partners of Veterans Association of Australia
Hon Martin Hamilton-Smith	Chair, The Australian Special Air Service Association (ASASA)
Ms Anna Maria Lang	Founder/Co-Chair, Women Veterans United
Lieutenant General Peter Leahy AC (Retd)	Chair, SoldierOn Australia
Lieutenant Colonel Ian Lindgren (Retd)	Vice President, Australian Peacekeeper and Peacemaker Veterans' Association Ltd
Ms Pat McCabe OAM	National President, TPI Federation Australia
Major General Greg Melick AO RFD FANZCN SC (Retd)	National President, The Returned & Services League of Australia
Lieutenant Colonel Kelvyn Ryan (Retd)	National President, Defence Force Welfare Association
Mr Carl Schiller OAM CSM	Chair, National Board AFA Ltd and past National President of the Air Force Association
Brigadier Mark Smethurst DSC AM (Retd)	Chair, Commando Welfare Trust
Ms Rhondda Vanzella OAM	National President and NSW State President, Australian War Widows Inc
Mr Michael von Berg MC OAM	Chair, Royal Australian Regiment Association
Mr Graham Walker AM	National Research Officer, Vietnam Veterans Federation of Australia

Participant name	Position and organisation
Mr Troy Watson	Former Chief Executive Officer, Mates4Mates (nominated Mates4Mates representative) Currently General Manager, Veteran Affairs and Policy for RSL Queensland
Ms Belinda Wilson	Chief Executive Officer, Bravery Trust

Understanding suicide and suicidality in the general population

Held on Tuesday 16 November 2021, virtually.

Participant name	Position and organisation
Commissioner Alan Woodward	Commissioner, National Mental Health Commission
Ms Christine Morgan	Chief Executive Officer, National Mental Health Commission
Ms Georgie Harman	Chief Executive Officer, Beyond Blue
Professor Matthew Large	Conjoint Professor, School of Psychiatry, University of New South Wales
Professor Jane Pirkis	Professor of Mental Health and Director of the Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne
Associate Professor Fiona Shand	Senior Research Fellow, Black Dog Institute, University of New South Wales
Dr Jaelea Skehan OAM	Director, Everymind
Ms Bronwen Edwards	Chief Executive Officer, Roses in the Ocean
Dr Kairi Kølves	Principal Research Fellow, Australian Institute of Suicide Research and Prevention, Griffith University
Mr Christopher Stone	Policy Manager, Suicide Prevention Australia
Ms Sue Murray OAM	Practice Leader, Zero Suicide Institute of Australasia

Defence and veteran suicide, mental health and wellbeing – a quantitative and qualitative data perspective

Held on Tuesday 16 November 2021, virtually.

Participant name	Position and organisation
Commissioner Alan Woodward	Commissioner, National Mental Health Commission
Ms Christine Morgan	Chief Executive Officer, National Mental Health Commission
Adjunct Professor Debora Picone AO	Chief Executive Officer, Australian Commission on Safety and Quality in Health Care (ACSQHC)
Mr Matthew James	Deputy Chief Executive Officer, Australian Institute of Health and Welfare (AIHW)
Ms Louise Gates	Group Head, Australian Institute of Health and Welfare (AIHW)
Mr Paul Pham	Unit Head, Australian Institute of Health and Welfare (AIHW)
Ms Linda Fardell	Program Manager, Health and Disability Statistics, Australian Bureau of Statistics (ABS)
Mr James Eynstone- Hinkins	Director, Health and Vital Statistics Section, Australian Bureau of Statistics (ABS)
Ms Suraksha Maharaj	Director, Disability, Ageing, Carers and Mental Health, Australian Bureau of Statistics (ABS)
Ms Naomi Poole	Director, Strategy and Innovation, Australian Commission on Safety and Quality in Health Care (ACSQHC)
Dr Michael Fotheringham	Managing Director, Australian Housing and Urban Research Institute (AHURI)
Mr Andrew Whitecross	Acting Director, Australian Institute of Family Studies (AIFS)
Dr Rae Kaspiew	Acting Deputy Director, Research, Australian Institute of Family Studies (AIFS)

Research into defence and veteran suicide

Held on Wednesday 17 November 2021, virtually.

Participant name	Position and organisation
Professor Alexander (Sandy) McFarlane AO	Director, Centre for Traumatic Stress Studies, Adelaide Medical School, The University of Adelaide
Professor Meaghan O'Donnell	Head of Research, Phoenix Australia; Professor, Department of Psychiatry, University of Melbourne
Professor Zachary Steel	Professor, School of Psychiatry, The University of New South Wales, St John of God Professorial Chair of Trauma and Mental Health
Professor Richard Bryant AC	Scientia Professor of Psychology and Director, Traumatic Stress Clinic, University of New South Wales
Professor Ian Hickie AM	Co-Director, Health and Policy, Brain and Mind Centre, University of Sydney
Professor Malcolm Hopwood	Professor of Psychiatry, Ramsay Health Care, University of Melbourne
Dr Lisa Dell	Director, Senior Research Fellow, Military Mental Health at Phoenix Australia, Department of Psychiatry, University of Melbourne
Dr Duncan Wallace	Consultant Psychiatrist, St John of God Richmond Hospital
Dr Jonathan Lane	Consultant Psychiatrist, The Hobart Clinic

Defence and veteran health and wellbeing on the ground

Held on Thursday 18 November 2021 in Brisbane.

Participant name	Position and organisation
Ms Miriam Dwyer	Chief Executive Officer, Gallipoli Medical Research Foundation (GMRF)
Dr Phil Parker	General Practitioner Ambassador, Gallipoli Medical Research Foundation (GMRF)
Professor Darrell Crawford	Director of Research, Gallipoli Medical Research Institute (GMRI)

Participant name	Position and organisation
Dr Kerri-Ann Woodbury	Principal Research Fellow, Gallipoli Medical Research Foundation (GMRI)
Dr Andrew Khoo	Director, Medical Services, Chair, Medical Council, Consultant Psychiatrist, Toowong Specialist Clinic
Dr Malcolm Foxcroft	Consultant Psychiatrist, Ballow Chambers
Dr John Chalk	Consultant Psychiatrist, Ballow Chambers
Adjunct Professor John Mendoza	Director, ConNetica Consulting
Deacon / Padre Gary Stone	Deacon / Chaplain, The Veterans Padre

Chronic pain and mental health

Held on Thursday 16 November 2021, virtually.

Participant name
Major General Duncan Lewis AO DSC CSC
Ms Carol Bennett
Professor Ross Coppel
Associate Professor Peter Bragge

Queensland Government stakeholders

Held on Thursday 16 December 2021, virtually.

Participant name	Position and organisation
Associate Professor Ivan Frkovic	Mental Health Commissioner, Queensland Mental Health Commission
Dr Simone Caynes	Director, Systems, Planning and Response, Queensland Mental Health Commission
Mr Jordan Cotter	Program Manager (Suicide Prevention), Queensland Mental Health Commission
Magistrate Donald MacKenzie	Brisbane Coroner, Coroners Court of Queensland
Ms Susan Beattie	Manager, Domestic and Family Violence Death Review Unit, Coroners Court of Queensland

Participant name	Position and organisation
Associate Professor John Allan	Executive Director, Queensland Mental Health Alcohol and Other Drugs (MHAOD) Branch, Queensland Department of Health
Ms Janet Martin	Director, Clinical Governance, Queensland Mental Health Alcohol and Other Drugs (MHAOD) Branch, Queensland Department of Health
Dr John Reilly	Chief Psychiatrist of Queensland, Queensland Department of Health
Ms Korrily Magill	Executive Director, Office for Veterans and Office for Rural and Regional Queensland

Department of Veterans' Affairs

Held on Tuesday 10 May 2022 in Canberra across two sessions.

9:00 am – 12:00 pm (Session A)

Participant name	Position and organisation
Ms Kate Pope	Deputy President, Veteran and Family Policy Group
Ms Veronica Hancock	First Assistant Secretary, Veteran and Family Policy Division
Ms Leanne Cameron	First Assistant Secretary, Mental Health and Wellbeing Services Division
Mr Simon Hill	Assistant Secretary, Policy Development Branch
Mr Glen Casson	Chief Financial Officer

1:00 pm – 4:00 pm (Session B)

Participant name	Position and organisation
Ms Leanne Cameron	First Assistant Secretary, Mental Health and Wellbeing Services
Ms Natasha Cole	First Assistant Secretary, Clients Benefit Division
Mr Mark Harrigan	Chief Operating Officer
Mr Glen Casson	Chief Financial Officer

Support and service organisations

Held on Friday 17 June 2022 in Townsville.

Participant name	Position and organisation
Ms Juana Bowman	Townsville Contact, The Partners of Veterans Association of Australia (PVA)
Ms Hannah Gallinar	Townsville Representative, Australian Kookaburra Kids Foundation
Mr John Lowis	President, Defence Force Welfare Association (Qld)

Implementation science framework

Held on Friday 15 July 2022 in Sydney.

Participant name	Position and organisation
Professor Jill Francis	Professor, Implementation Science School of Health Sciences, University of Melbourne
Ms Janey McGoldrick	Head of Implementation, Black Dog Institute, University of New South Wales
Dr Robyn Milden	Executive Director, Centre for Evidence and Implementation

First Nations

Held on Tuesday 11 October 2022 in Darwin.

Participant name	Position and organisation
Ms Marcia Morgan	Northern Territory Regional Manager, Mates4Mates
Lieutenant Colonel Eileen Hall	Australian Defence Force – HQ Regional Force Surveillance Group (RSFG)
Lieutenant Colonel Stephen Medlin	Australian Defence Force – NORFORCE
Sergeant Tommy Munyarryun	Australian Defence Force – NORFORCE
Corporal Jeremy Kee	Australian Defence Force – NORFORCE

Mentally healthy workplaces

Held on Tuesday 6 December 2022 in Sydney.

Participant name	Position and organisation
Ms Lucy Brogden AM	Former Chair & Commissioner, National Mental Health Commission
Ms Sarah Costelloe	Branch Manager WHS Framework and Workers' Compensation Policy, Safe Work Australia
Ms Katherine Taylor	Director Psychosocial and Consultation Policy, Safe Work Australia
Professor Samuel Harvey	Head of Workplace Mental Health Research Program, School of Psychiatry, University of New South Wales
Professor Sharon K Parker	Director, Centre for Transformative Work design, John Curtin Distinguished Professor, Future of Work Institute, Curtin University

Engagement with the Office of the Inspector-General Australian Defence Force (OIGADF)

Held on Wednesday 5 July 2023 in Sydney.

Participant name	Position and organisation
Mr Matthew Berrisford	Executive Director of the Office of the IGADF
Colonel Amanda Lye	Director Military Justice Performance Review
Lieutenant Colonel Damien Spendelove	Acting Director Select Incident Review
Brigadier John MacKenzie	Assistant IGADF with experience conducting Select Incident Review inquiries under IGADF Regulation 2016
Mr Andrew Snashall PSM	Director Military Redress and Review
Group Captain Catherine Wallis CSM	Director Inquiries and Investigations
Lieutenant Commander Patience Neal RAN	Deputy Director Legal Review
Mr Michael Griffin	Assistant Inspector General ADF & Principal of Griffin & Co Consulting

Private roundtable

Held on Monday 10 July 2023 in Sydney.

Participant name	Position and organisation
Hon Paul Brereton AM RFD SC (Major General Retd)	Inaugural Commissioner, National Anti-Corruption Commission, former Judge of the New South Wales Supreme Court

Mefloquine and tafenoquine

Held on Tuesday 17 October 2023 in Sydney.

Participant name	Position and organisation
Stuart McCarthy	Australian Army Officer (retired)
Dr Jane Quinn	PhD-qualified scientist

Appendix F Reference and advisory groups

We benefited from the expertise of three reference groups: the Stakeholder Reference Group, the Lived Experience and Research Advisory Group, and the Defence and Veteran Suicide Prevention Reference Group. These groups comprised people with relevant professional or personal experience who provided advice, shared their experiences and reviewed relevant material.

Each reference group was chaired by a Commissioner, who shared insights with their fellow Commissioners and relevant Royal Commission staff. Each group had its own terms of reference.

Stakeholder Reference Group

The Stakeholder Reference Group helped us better understand the needs of stakeholders and their members. It was made up of representative groups that support serving and ex-serving Australian Defence Force members and their families. Commissioner Kaldas chaired the group meetings.

The group's objectives were to:

- share their members' or community's response to our work and progress
- inform us about the types of support their members or communities needed
- provide feedback on our communication and community engagement products
- update us on how they were supporting their members and community.

Stakeholder Reference Group members

Organisation	Representative members
Aboriginal and Torres Strait Islander Veterans' Association	Joseph West, CEO Ray Rosendale, Board Director Neal McGarrity, Co-Director
Defence Families Australia	Sandi Laaksonen-Sherrin, National Convenor Gabrielle Sasse, Deputy National Convenor Kerry Prier, National Delegate South Australia
Defence LGBTI Information Service (DEFGLIS)	Rachael Cosgrove, President Nathan Howarth, Vice-President

Organisation	Representative members
Families of Veterans Guild (formerly Australian War Widows)	Renee Wilson, NSW CEO
Legacy Australia	Wayne McNee, Vice-Chairman
Mates4Mates	Emma Whitehead, General Manager
Mental Health Australia	Leanne Beagley, CEO Harry Lovelock, Acting CEO Ingrid Hatfield, Deputy Director Policy and Research
RSL Australia	Phil Winter, CEO Peter Rudland, RSL Ambassador Isaac Ohlin, Head of Veterans Policy and Program Delivery
SoldierOn	Amy Cooper, CEO Prudence Slaughter, Program Director and Interim CEO John Hardgrave, Program Director
Suicide Prevention Australia	Christopher Stone, Policy Manager Caitlin Bambridge, Policy and Government Relations Manager Anne Leslie, Acting Director of Policy and Government Relations
Veteran Family Advocate Commissioner – Repatriation Commission	Gwen Cherne, Veteran Family Advocate Commissioner Mark Brewer, Acting Veteran Family Advocate Commissioner
Vietnam Veterans Association Australia	Max Ball, National President Terry Roe, National Secretary
Women Veterans Australia	Louise O’Sullivan, Expert Panel Member
Young Veterans Australia	Peter Kennedy, President

Note: throughout the Royal Commission these 14 organisations were part of the Stakeholder Reference Group, and they were represented by different individuals (or their proxies) at different times.

Lived Experience and Research Advisory Group

The Lived Experience and Research Advisory Group was an expert advisory body on our research program. The group was made up of people with lived experience and researchers working in areas of suicidality, data science or defence and veteran health. This group advised us about research evidence and helped to evaluate our methodology. Commissioner Brown chaired the group meetings.

Lived Experience and Research Advisory Group members

Member name	Member type
Daniel Reid AM	Lived experience
Trudi Lines	Lived experience
Hannah Taino-Spick	Lived experience
Dr Ken Zulumovski (Hon DHSc)	Lived experience
Professor Ben Wadham	Academic
Professor Andrew Page	Academic
Associate Professor Miranda Van Hooff	Academic
Enterprise Professor Nicole Sadler AM CSC	Academic

Defence and Veteran Suicide Prevention Reference Group

The Defence and Veteran Suicide Prevention Reference Group comprised 10 serving and ex-serving Australian Defence Force members. It was chaired by Commissioner Douglas. The group helped us understand the complexities of the ADF, the military operating environment and life as a serving member. The group also provided advice and feedback on issues related to our terms of reference and findings.

Defence and Veteran Suicide Prevention Reference Group members

Member name, position and organisation (if applicable)
Captain Christine Clarke (Retd)
Andrew Condon CSC, Industry Professor Veterans and Their Families, Australian Catholic University
Wing Commander Fiona Grasby OAM
Lieutenant Colonel Eileen Hall

Member name, position and organisation (if applicable)
Major General Andrew Hocking (Retd)
Flight Lieutenant Nathan Howarth
Dr Jon Lane, Senior Psychiatrist, Open Arms
Brigadier Nicole Longley AM (Retd)
Natalie Sankey
Associate Professor Fiona Shand, Black Dog Institute, University of New South Wales

Thank you for your contributions

Commissioners would like to thank all members of the Royal Commission's reference groups. Your contributions to our inquiry were invaluable. We greatly appreciate your time, dedication and commitment to ensuring a better future for current and former Australian Defence Force members, their families and loved ones.

Appendix G Private sessions data and feedback

Note: all data in this appendix is accurate as at 30 June 2024.

Application data

Number of applications – 1,147

Number of eligible applications – 1,016

Session data

Percentage of private sessions conducted virtually – 31%

Percentage of private sessions conducted in-person – 69%

Percentage of private sessions conducted by the Commissioners – 77%

Percentage of private sessions conducted by the Assistant Commissioners – 23%

Participant data

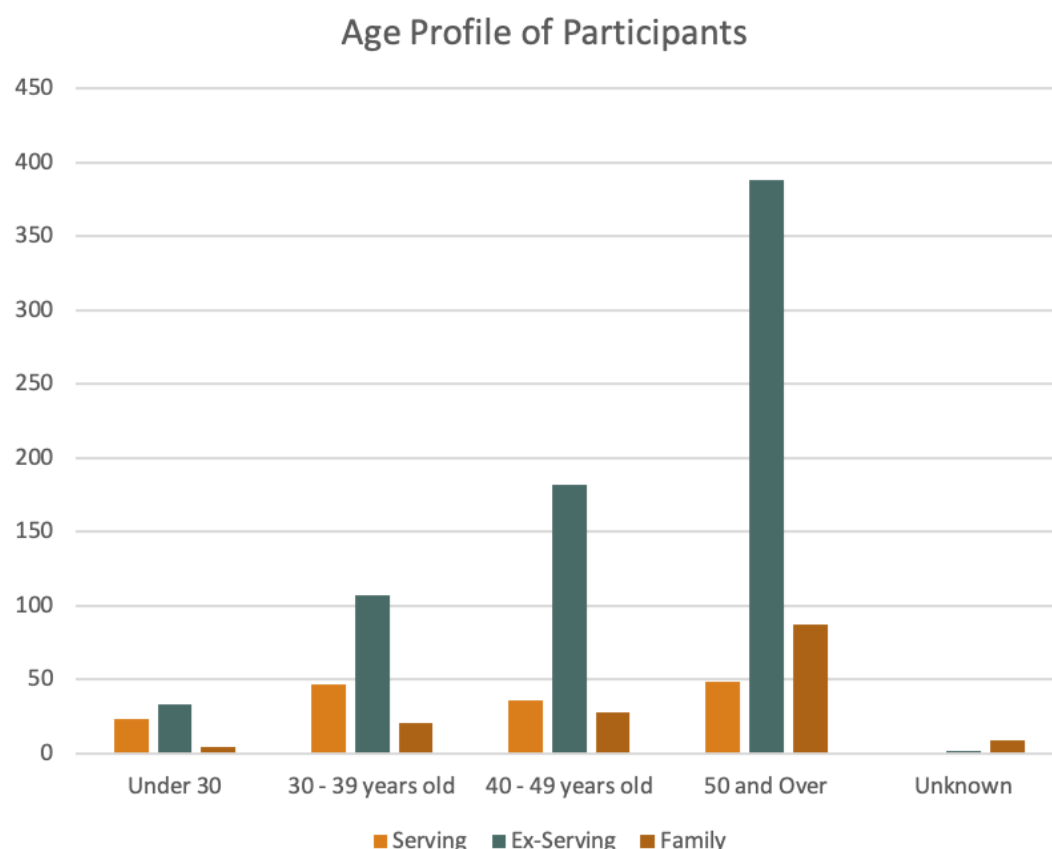
Number of participants who had a private session – 897¹

Percentage of private session participants who were serving members – 15%

Percentage of private session participants who were ex-serving members – 70%

Percentage of private session participants who identified as family of either serving or ex-serving members – 15%

Graph 1 Age profile of participants, by serving, ex-serving and family



The five most common themes raised by participants during private sessions²

Themes	Percentage of private sessions where the theme was raised
ADF and Defence culture	61%
DVA claims management and processing	44%
Abuse in the ADF	44%
Healthcare provided to serving members	39%
Transition	35%

Overview of private session survey data

Survey responses showed that:

- 94% of respondents felt supported in the lead up to and during their private session
- 94% of respondents agreed that information about their private session was clearly communicated
- 96% of respondents agreed that their private session was well organised
- 95% of respondents felt heard during their private session
- 90% of respondents agreed that their private session met their expectations
- 377 private session participants responded to at least one survey question.

Endnotes

- 1 In a few circumstances, some participants had more than one private session and some private sessions had more than one participant.
- 2 Royal Commission staff identified and defined 26 themes to reflect the breadth of issues that were raised by people engaging with the Commission. For each private session, the Session Support Officer identified the key themes from this list that were raised by the participant during their private session.

Appendix H Comparative rates of suicide – current serving ADF members

1 Reader caution

1. **Caution:** some readers may find parts of this content confronting or distressing.
2. Please carefully consider your needs when reading the following information about suicide. This appendix contains information on numbers of deaths by suicide for serving members of the Australian Defence Force (ADF). This material may be distressing to some readers.
3. If this material raises concerns for you, support is available. You can contact Lifeline on [13 11 14](tel:131114), or Defence All-hours Support Line on [1800 628 036](tel:1800628036), or Open Arms - Veterans and Families Counselling on [1800 011 046](tel:1800011046), all of which are available free of charge, 24 hours a day, 7 days a week.
4. The information included here places an emphasis on data, and as such, can appear to depersonalise the pain and loss behind the statistics. The Royal Commission acknowledges the individuals, families and communities affected by ADF member and veteran suicide each year in Australia.

2 Summary

5. This analysis, undertaken by the Royal Commission into Defence and Veteran Suicide, explores rates of suicide in members serving in the permanent forces, and members serving in the reserve forces who have never served in the permanent forces.
6. The findings are summarised in Figure 1 below.

2.1 'At-risk' groups

7. In this report, the 'at-risk' ADF groups are those who have a higher rate of suicide compared to the age and sex matched **employed** Australian population (unless otherwise indicated).
8. Higher rates of suicide are associated with current-serving males who served in the permanent forces in:
 - combat and security roles;
 - the rifleman occupation.

9. The following summary statistics compare suicide rates of ADF groups with the age- and sex-matched Australian **employed** population. The statistics measure association, not correlation, with ADF groups and the Australian employed population. The employed population includes all employed Australians, of which a small proportion are serving ADF members. For the purposes of the Royal Commission's analysis, serving ADF members are those who served at least one day since 1 January 2011; the monitoring period was 1 January 2011 to 31 December 2020.

The difference between association and correlation

In everyday language, 'association' and 'correlation' tend to be used interchangeably. Technically, 'correlation' has a statistical meaning to do with the strength of the relationship between two things; they both increase and decrease together, or as one increases the other decreases or vice versa. For example, the more hours you spend in direct sunlight the more severe your sunburn. 'Association' is a broader concept around whether two things are related in some way. Correlation can help define this relationship. Importantly, as this appendix discusses, just because two things are related (either by association or correlation), does not mean that one causes the other.

The first step to identifying a potential causal relationship between an exposure and an outcome is to investigate whether there is an 'association' between the exposure and the outcome.¹

10. Higher rates of suicide are associated with the groups listed in Table H1.

Table H1 Summary of ADF groups associated with higher rates of suicide

Males serving in the permanent forces have an increased risk of suicide.	Males serving in the permanent forces are 30% more likely to die by suicide than employed Australian males. However, rates vary within the subpopulations of the current-serving cohort.
Males serving in the permanent forces in combat and security roles have an increased risk of suicide.	Males serving in the permanent forces in combat and security roles are 2 times more likely to die by suicide than Australian employed males (100% higher).
Males serving in the permanent forces in certain occupations have an increased risk of suicide.	Rifleman are 2.53 times (153%) more likely to die by suicide than Australian employed males.

3 Introduction

11. The National Mental Health Commission has highlighted the necessity of evidence-based policy advice to suicide prevention across all levels of government.²
12. The Royal Commission into Defence and Veteran Suicide (the Royal Commission) undertook an analysis to explore the levels of suicide in members serving in the permanent forces when compared to the employed Australian population.

3.1 Comparison with the employed Australian population

13. Prior to the research undertaken by the Royal Commission for the purposes of this report, rates of suicide for members serving in the permanent forces had only been compared to the Australian population. The key aim of this comparison group, as stated by the Australian Institute of Health and Welfare (AIHW), is to understand how suicide rates among serving ADF members are changing over time.³ It is not to identify at-risk populations and cannot be used to identify risk and protective factors.
14. The AIHW told us a comparison with the general Australian population alone:

cannot prove or disprove the claim that being a serving ADF member is a protective factor against suicide and/or suicidality. There are too many relevant factors left unmeasured and uncontrolled for in this analysis that are likely to impact on the validity of the comparison for this purpose. This is due to issues such as data gaps and potential selection bias making it difficult to specifically isolate the effects of ADF service.⁴
15. One such selection bias is employment. Not being employed is known to be associated with death by suicide. AIHW has reported that estimated suicide risk among males and females of prime working age (25–54 years) who were not employed is at least 2.5 times higher than for those employed.⁵ All current serving members in the permanent forces are, by definition, employed.
16. The ADF population is also healthier than the general population. Extensive programs exist in the ADF to foster physical fitness and at least some programs to foster good mental health and to prevent suicide. Furthermore, the 2010 ADF Mental Health Prevalence and Wellbeing Study noted that:

The 'healthy worker effect' comes from the fact that, during recruitment, the ADF takes steps not to enlist individuals with pre-existing disorders. It then provides quality and accessible health services to all of its members. In addition, there is an occupational health service in the ADF that provides quality care at no cost to ADF members and, following deployment, ADF members are extensively screened to ensure they receive treatment if they need it. The ADF workforce should, therefore, be healthier than the general community.⁶

17. The 2010 ADF Mental Health Prevalence and Wellbeing Study removed the potential confounding effect of employment status by comparing ADF prevalence rates to an Australian sample matched for age, sex and employment status.⁷ It was examining the prevalence rates of common mental disorders, the impact of operational and organisational stressors, and suicidality.⁸
18. The Royal Commission has adopted a similar approach by developing a methodology for comparing suicide rates for members serving in the permanent forces against the employed Australian population. While this comparison group cannot account for the full selection bias introduced by the healthy worker effect, it is the most appropriate comparator with the data that is available.
19. The intent of this analysis is to help understand if certain groups in the ADF are 'at-risk' of higher rates of suicide compared to the employed Australian population.
20. Members serving in the permanent forces, their different roles, service branches and different arms, are not homogenous. All present unique risk factors. These underlying factors mean each group within the ADF will have varying rates of suicide.
21. The final report of this Royal Commission uses this analysis as one part of a broader body of evidence to identify 'at-risk' groups within the serving ADF population, and will then recommend policy interventions, programs or policy changes to reduce the risk among these 'at-risk' groups.

3.2 Defence's view

Employed population as comparator population

22. Defence was provided with the preliminary results of the Royal Commission's research and invited to respond to the proposition that the Australian employed population is more comparable to members serving in the permanent forces than the Australian general population.
23. Defence disagrees that the Australian employed population is more comparable to members serving in the permanent forces than to the Australian general public, in respect of many of the sub-analyses performed and reported on within this appendix. Defence stated that:

Defence acknowledges the sampling bias issue raised by the Commission and supports the identification of a more appropriate comparator population for analysis at the whole of population level. The sub-population analysis, however, does not appear to have identified an appropriate comparator sub-population. For instance, comparing infantry to a general employed populations (including office workers etc.) is not an appropriate comparator as at the occupation level, a front line worker would be a more appropriate sub-population to compare to. Further, the sub-set analyses undertaken by the Commission fails to take into account that occupation within Defence is not just the criteria of the job itself – there are

many service-related psycho-social risks such as leadership, culture, behaviour, postings, stability, policy etc that impact on a person's vulnerability which sit outside of their actual trade.⁹

24. The Royal Commission does not accept the assertion that serving members of the permanent forces should be compared with occupations, such as frontline workers (i.e. police, ambulance), with a known elevated risk of suicide.
25. In her *Preliminary Interim Report* (Boss report), the Interim National Commissioner for Defence and Veteran Suicide Prevention, Dr Bernadette Boss CSC, stated:

Service in the military is clearly a unique profession, and distinct from other occupations. It can involve frequent exposure to high-risk environments and engagement in actions, such as the application of lethal force, that are not permitted in any other context. It involves being subject to military law and discipline, and forgoing a number of personal freedoms; including the freedom to make independent decisions and the freedom to choose to avoid the risk of injury or death during armed conflict. As such, there is a moral imperative on the Australian Government to ensure that decisive changes are made to the Defence processes – not only to mitigate risks of suicidal behaviours and prevent future harm, but also to support our ADF members to flourish and enjoy fulfilling and productive lives following their military service.¹⁰

26. We concur. No employee, whether an infantry soldier, police officer, landscape gardener, warehouse worker or librarian, should be expected to accept higher rates of suicide just because of the occupation they chose.
27. In the opinion of the Royal Commission, a comparison with the employed population is the most appropriate comparator, given the data currently available, to identify 'at-risk' populations. Advanced statistical modelling should follow.

Alternative comparator populations

28. Defence have also raised objections to the use in this analysis of the general employed population as a comparable population when disaggregating into sub-groups. In respect of the findings related to engagement with the discipline system, Defence's view is:

Where associations are sought to be drawn between suicide and an ADF member's engagement with the discipline system, the comparison becomes significantly strained because a population (ADF) that has allegedly engaged in a form of misconduct is being compared with a population (employed civilian) that, collectively, has not. In other words, the two populations do not appear to be sufficiently similar such that there is no clear variable being tested, and no valid association or correlation can be identified.

29. Defence have often suggested in the validation process with the Royal Commission that there are more valid comparison populations. The examples they proposed with respect to the discipline data included:
- (a) employed Australian males who have been convicted of an offence
 - (b) prisoners who self-harm / self-inflicted deaths¹¹
 - (c) police officers and first responders who self-harm / self-inflicted deaths¹²
 - (d) suicide rate in the ADF generally with the suicide rate among those ADF members who have been formally disciplined.
30. The Royal Commission's position, as advised to Defence, is that a comparison with the 'suicide rate in ADF members who have been formally disciplined compared to employed Australian males who have been convicted of an offence' would identify if ADF members who have been formally disciplined are an 'at-risk' group compared to employed Australian males who have been convicted of an offence.
31. This would not however respond to our terms of reference to identify 'at-risk' ADF groups that may assist in understanding possible contributing risk factors relevant to defence and veteran death by suicide.
32. Data would also need to be available to determine the population and suicide counts of employed Australian males who have been convicted of an offence.
33. The same two points apply to prisoners who self-harm / self-inflicted deaths and police officers and first responders who self-harm / self-inflicted deaths.
34. We also note over half of the prisoner population have been imprisoned for a serious offence involving violence. This does not appear to be a more valid comparison population to ADF members who have been formally disciplined mostly with minor breaches of the *Defence Force Discipline Act 1982* (Cth), such as a junior member being late for work, or wearing damaged or not correctly maintained uniforms.
35. We also do not see how police officers and first responders would make a more valid comparison population for ADF members who have been formally disciplined for minor offences.
36. A comparator group of the ADF generally is a valid approach, however the analysis undertaken by the Royal Commission has adopted the same methodology used in the AIHW's six annual reports on suicide among permanent, reserve, and ex-serving ADF members, which is also a valid approach.
37. The Final Advice from the First National Suicide Prevention Adviser says:
- we ... need to address interactions that occur with people who are vulnerable to suicide. We need to step back from the point of crisis to look at all the ways we can reach and engage with people to prevent suicidal distress and divert them from a suicidal trajectory. ¹³

38. The suggestion of alternative comparator populations by Defence, in respect of the first three examples, would not assist in identifying ADF groups who are vulnerable to suicide. Because the suggested comparator populations have elevated suicide risk, the impact of using these comparator populations would likely be to reduce adverse results, rather than identifying vulnerable groups or possible points of intervention to try and divert serving and ex-serving Australian Defence Force members from a suicidal trajectory. We however note Defence's position here for transparency reasons.

3.3 Ethics review

39. Prior to conducting the following research, the Royal Commission sought and received ethics advice from independent external ethics consultants. This process was implemented with the aim of ensuring that the research conducted by the Royal Commission would meet Australian community standards including that the public interest of the proposed research substantially outweighs the public interest in privacy protection.

3.4 Advisory Group review

40. The research plan, ethics framework and advice, and findings of this analysis have been presented to and discussed with the Royal Commission Lived Experience and Research Advisory Group. The group was chaired by Commissioner Peggy Brown AO and comprised members with a lived experience of suicide or suicidality in the defence and veteran context, and researchers with expertise in the areas of suicidality, data science and defence and veteran health. Information about this advisory group can be found in Appendix F.
41. The Royal Commission Lived Experience and Research Advisory Group also reviewed the methodology used to control for differences in age distributions and employment status. The advisory group noted the same limitations identified in the technical notes of this appendix (see limitations). Feedback received from the advisory group was incorporated where possible to improve the accuracy and precision of the analysis.

3.5 Australian Institute of Health and Welfare review

42. The Australian Institute of Health and Welfare (AIHW), which is a Commonwealth entity whose staff have specific expertise in deriving Standardised Mortality Ratios (SMRs) in ADF populations, reviewed the analysis prior to release. Feedback received from AIHW was incorporated to improve the accuracy and precision of the analysis.
43. AIHW also conducted a high-level review the methodology used to control for differences in age distributions and employment status, which was adapted from AIHWs methodology to controlling for differences in age distributions. The AIHW noted the same limitations identified in the technical notes of this appendix (see limitations). Feedback received from AIHW was incorporated where possible to improve the accuracy and precision of the analysis.

44. In particular, AIHW noted:

one of the reasons that the AIHW have not been routinely adding a comparison of serving member suicide rates to the employed Australian population is due to concerns around the reliability of available data for the employed Australian comparator group.

3.6 Mindframe review

45. Mindframe, an organisation that supports safe media reporting, portrayal and communication about suicide, mental ill-health, and alcohol and other drugs, reviewed the analysis prior to release. Mindframe is funded by the Department of Health under the National Suicide Prevention Leadership and Support Program.
46. Feedback received from Mindframe was incorporated to improve the safe reporting of the analysis.

4 Substantive differences in methodology

47. The AIHW has undertaken analysis and published annual reporting on suicide among permanent, reserve, and ex-serving ADF members since November 2016. The AIHW has also undertaken research for this Royal Commission, as detailed in Appendix J and Appendix K.
48. For the most part the analysis undertaken by AIHW and reported in their annual reporting on suicide among permanent, reserve, and ex-serving ADF members, and the analysis undertaken by the Royal Commission presented in this appendix, have used the same methodology. There are three main differences between the two analyses which are outlined below.

4.1 Comparison with the employed Australian population

49. AIHW's analysis compares rates of suicide amongst ADF members with those for the Australian general population.
50. As explained in the introduction to this appendix, the Royal Commission have compared suicide rates for members serving in the permanent forces against the Australian **employed** population.

4.2 Suicide rates reported for 10 years for members with permanent service

51. For members serving in the permanent forces, the Royal Commission has elected to analyse suicide deaths among ADF members who have died by suicide between 1 January 2011 and 31 December 2020. This decision has been made for two reasons.

52. First, at the time of this analysis, data for the Australian **employed** population was only available between 1 January 2007 and 31 December 2020, which limited reporting to these timeframes.
53. Second, referring to the latest 10 years of suicide data available for members serving in the permanent forces enables a contemporary view of suicide rates, including any impact of suicide policy and prevention efforts implemented during this period by Defence. This ensures the suicide rates reflect recent Defence policies.

4.3 Ex-serving permanent forces

54. The AIHW analysis classifies members who previously served in the permanent forces and are currently serving in the reserve force as 'Reserve males' or Reserve females', prioritising their current reserve service over their previous permanent forces service.
55. In contrast, the Royal Commission classifies the same members as 'ex-serving permanent forces'. This effectively decreases the number of suicide deaths reported in 'Current serving reserve only service' by approximately 70 members.

5 Validation

56. The Royal Commission invited Defence to participate in a validation process to comment upon the methodology and results of the analysis. The validation process began 21 November 2023 and was finalised on 15 March 2024.
57. Defence was provided an opportunity to provide iterative feedback on:
 - the list of deaths by suicide that underpin the Royal Commission's analysis;
 - the suicide counts presented by gender, service status and year of death that underpin the analysis for each of the relevant service characteristics;
 - the definition of the classifications presented in respect of each service characteristic;
 - the methodology and logic underpinning the analysis of each service characteristic;
 - any data quality issues that should be considered when interpreting the results in respect of each service characteristic; and
 - the results of the analysis of each service characteristic analysis.
58. Where appropriate, the Royal Commission incorporated this feedback to improve the accuracy and precision of the analysis.
59. Defence was also invited to comment on the at-risk populations identified in the analysis, but did not do so.

60. The Inspector-General of the Australian Defence Force (IGADF), as the Business Process Owner responsible for the Conduct Reporting and Tracking System (CRTS) management and operation, also provided feedback on the CRTS data.

6 Analysis – comparative suicide rates

61. This section presents:

- age- and sex-adjusted suicide rates compared to the **employed** Australian population and numbers of deaths by suicide between 2011 and 2020 for members serving in the permanent forces, and
- age- and sex-adjusted suicide rates compared to the general Australian population and numbers of deaths by suicide between 1997 and 2021 for the current serving reserve forces service status group.

Rates based on small numbers

62. Rates based on small numbers of events can fluctuate from year to year for reasons other than a true change in the underlying risk of the event. In this report, rates are not reported when there are fewer than 5 events, as rates produced using small numbers can be sensitive to small changes in counts of deaths over time. In this report, rates denoted with an asterisk (*) should be interpreted with caution as the number of events is fewer than 20. These rates are considered potentially volatile.

6.1 Service status

63. ADF members can serve in the permanent or reserve forces, or a combination of both over their ADF service career.
64. The following two service status groups describe the nature of service:
- **Current serving permanent forces:** ADF members serving in the permanent forces in the Royal Australian Navy (Navy), Australian Army (Army) or the Royal Australian Air Force (Air Force) on 31 December 2020 or on the date they died, and served on or after 1 January 1985. This includes ADF members who serve in the ADF Gap Year program.¹⁴
 - **Current serving reserve-only service:** ADF members who joined and serve solely in the reserve forces for the Navy, Army, or the Air Force on 31 December 2021 or on the date they died and served on or after 1 January 1985. This includes reserves serving in full-time service, known as continuous full-time service.

Serving member suicide rates (permanent forces): service status

In brief:

The Royal Commission has developed a methodology to compare members serving in the permanent forces with the Australian **employed** population. According to our research, males serving in the permanent forces are 30% more likely to die by suicide than Australian **employed** males.

This contrasts with the results in AIHW's annual reporting on suicide among permanent, reserve, and ex-serving ADF members, which compares members serving in the permanent forces against the general Australian population.

It is important to note that there are other underlying factors contributing to these results besides just service status and sex. The subpopulations are explored in the tables below and give a better indication of the risk of suicide to different groups within the current-serving population.

Results

65. Compared with the Australian **employed** male population (controlling for differences in age distributions and employment status), the suicide rate for males serving in the permanent forces is 30% higher than that of Australian **employed** males.
66. This finding is statistically significant, though we note for transparency reasons that the calculated lower bound of the confidence interval is only marginally above the threshold required to be considered statistically significant. We also note, however, that many findings for the subgroups identified below mirror the results in Appendix I Comparative rates of suicide - ex-serving ADF members, are statistically significant and are considerably above the threshold required to be considered statistically significant.
67. The findings for females serving in the permanent forces, as presented below, have been suppressed due to small numbers.
68. It is important to note that none of these groups are homogeneous and there are other underlying factors contributing to these results than just service status and sex. The remainder of this appendix is dedicated to determining differences between subgroups of serving ADF members.

Table 1 Comparative rates of suicide while employed^(a), serving permanent forces, by service status, 2011–2020^(b)

	Males			Females		
	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)
Current serving permanent forces	69	30%↑	Yes (1.01, 1.64)	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian employed population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

(a) Compared with the age- and sex- and employed-matched Australian population

(b) Analysis includes active members who have served at least one day since 1 January 1985 and have died between 1 January 2011 and 31 December 2020.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.2 Deployment

69. 'Deployment' refers to experiences relating to operational deployment. There are four broad categories describing the nature of deployment¹⁵:
- **Warlike:** ADF members exposed to a direct risk of harm from hostile forces.
 - **Non-warlike:** ADF members exposed to an indirect risk of harm from hostile forces, and never exposed to a warlike deployment.
 - **Peacetime:** ADF members with operational deployment but not exposed to a Defence-assessed threat from hostile forces (peace keeping missions, overseas areas for border protection activities, humanitarian aid and domestic service in providing aid to the civilian community during emergency situations), and never exposed to a to a warlike or non-warlike deployment.
 - **No operational experience:** ADF members with no record of operational deployment.
70. Operational experience was only recorded with accuracy from 2001 onwards. As such, to obtain a full account of a member's operational history, we would need to confine our analyses to members who served in the permanent forces who were hired during or after 2001.
71. This would, however, limit the study cohort to such an extent that the statistical test would not be able to detect differences between populations due to the small size of the cohort. We have, therefore, included members who were hired before and serving after 2001. For this reason, when interpreting the results, it is important to take into consideration that the number of suicide deaths in the warlike, non-warlike and peacetime categories will be an undercount.
72. A 'no operational experience' category has not been presented in this analysis as this category would include members who had operational experience before 2001, but not after 2001.
73. Members who had not completed their initial commissioning course or Initial Employment Training have been excluded from the analysis as they are not considered trained and cannot be deployed.

Serving member suicide rates (permanent forces): deployment type

In brief:

There are no statistically significant differences in the suicide rates for males serving in the permanent forces with operational experience compared to Australian **employed** males.

Results

74. Compared with the Australian **employed** male population (controlling for differences in age distributions and employment status), the suicide rate for males serving in the permanent forces with operational experience is similar to that of Australian employed males, and/or there are no statistical differences between them.
75. The findings for females serving in the permanent forces, as presented below, have been suppressed due to small numbers.

Table 2 Comparative rates of suicide while employed^(a), trained forced serving permanent forces, by deployment, 2011–2020^(b)

Current serving permanent forces (trained force)	Males			Females		
	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)
Warlike operational service	25	9%↓	No (0.59, 1.34)	0		
Non-warlike operational service	12	59%↑*	No (0.82, 2.78)	0		
Peacetime operational service only	6	32%↓*	No (0.25, 1.48)	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian employed population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex- and employed-matched Australian population

(b) Analysis includes active members who have served at least one day since 1 January 2001 and have died between 1 January 2011 and 31 December 2020.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.3 Enlistment age

- 76. 'Enlistment age' refers to the age a member was hired by the ADF. The minimum age that members can join the ADF is 17, but in the past the minimum age was 16.
- 77. For suicide rates analysis in this report, enlistment age is presented in seven groups (ranging from minors aged 16 and 17, to 'more than 40 years').

Serving member suicide rates (permanent forces): enlistment age

In brief:

There are no statistically significant differences in the suicide rates for males serving in the permanent forces by enlistment age groupings, including those who enlisted as a minor (aged 16 or 17), compared to Australian **employed** males.

Results

- 78. Compared with the Australian **employed** male population (controlling for differences in age distributions and employment status), the suicide rate for males serving in the permanent forces is similar to that of Australian employed males, and/or there are no statistical differences between them, regardless of enlistment age. This includes those who enlisted as a minor (aged 16 or 17).
- 79. The findings for enlistment age of females serving in the permanent forces, as presented below, have been suppressed due to small numbers.

Table 3 Comparative rates of suicide while employed^(a), serving permanent forces, by enlistment age, 2011–2020^(b)

	Males				Females		
	Current serving permanent forces	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)
16 - 17		10	15% ^{†*}	No (0.55,2.12)	0		
18 - 20		30	31% [†]	No (0.88, 1.86)	0		
21 - 24		14	29% ^{†*}	No (0.70,2.16)	<5	n.p.	n.p.
25 - 29		8	44% ^{†*}	No (0.62,2.84)	<5	n.p.	n.p.
30 - 34		<5	n.p.	n.p.	0		
35 - 39		<5	n.p.	n.p.	0		
40+		<5	n.p.	n.p.	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian employed population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex- and employed-matched Australian population

(b) Analysis includes active members who have served at least one day since 1 January 1985 and have died between 1 January 2011 and 31 December 2020.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.4 Occupational groups

80. Occupations within the ADF can be split into eight workforce skill segments, or occupational groups:

- **aviation:** roles that directly enable employment of aviation assets. The exception to this is aviation engineers, technicians and maintainers who are classified under the engineering, maintenance and construction workforce segment.¹⁶
- **combat and security:** roles that employ the direct or indirect application of physical force. This segment also includes those roles which fill a security type function both domestically and operationally (e.g. military police).¹⁷
- **communications and cyber:** roles that enable communication. This includes the security of friendly force communications as well as the exploitation of adversary communications (e.g. cyber).¹⁸
- **engineering, maintenance and construction:** roles conducting engineering, design and compliance, maintenance and production, and vertical and horizontal construction. This segment applies to all types of engineering, maintenance and construction including those employed in support of aviation and communication functions.¹⁹
- **enterprise and command support:** roles that enable personnel management, training, workforce planning, organisational administration, governance, and brand/reputation management that ultimately support command decisions. The segment also applies to senior officers, sailors, soldiers, and airmen/women who enable the strategic functioning of Defence.²⁰
- **health:** roles that directly support the provision of healthcare.²¹
- **intelligence:** including roles that directly enable the collection, analysis and dissemination of military intelligence.²²
- **logistics:** roles that directly conduct the supply, distribution and storage of equipment within the Australian Defence Force.²³

81. The occupational group of members are reported in the below analysis as they were recorded at the point of death or at the end of the annual reporting period.

Serving member suicide rates (permanent forces) by occupational group

In brief:

Males serving in the permanent forces in combat and security roles are 2 times (100%) more likely to die by suicide than Australian **employed** males.

Results

82. Compared with the Australian **employed** male population (controlling for differences in age distributions and employment status), the suicide rate for males serving in the permanent forces in combat and security roles is 2 times (100%) higher than that of Australian **employed** males.
83. Other occupational groups of males serving in the permanent forces, as presented below, were not found to be at risk.
84. The findings for occupational groups of females serving in the permanent forces, as presented below, have been suppressed due to small numbers.

Table 4 Comparative rates of suicide while employed^(a), serving permanent forces, by occupational group, 2011–2020^(b)

	Males			Females		
	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)
Current serving permanent forces						
Aviation	<5	n.p.	n.p.	0		
Combat and Security	30	100%↑	Yes (1.35,2.86)	0		
Communications and Cyber	<5	n.p.	n.p.	0		
Engineering, Maintenance and Construction	17	11%↑*	No (0.65,1.77)	0		
Enterprise and Command Support	<5	n.p.	n.p.	0		
Health	<5	n.p.	n.p.	0		
Intelligence	<5	n.p.	n.p.	0		
Logistics	10	36%↑*	No (0.65,2.50)	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian employed population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex- and employed-matched Australian population

(b) Analysis includes active members who have served at least one day since 1 January 2001 and have died between 1 January 2011 and 31 December 2020.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.5 Combat and security roles by service characteristics

85. This section presents rates of suicide by different service characteristics for the occupational group: combat and security.

Serving member suicide rates (permanent forces) by service characteristic: combat and security roles

In brief:

The group particularly at risk among members serving in the permanent forces in combat and security roles are males in the Navy.

In particular, males serving in the permanent forces in combat and security roles and in the Navy are 2.5 times (150%) more likely to die by suicide compared to Australian **employed** males (see Table 5 for notes).

Results

86. Compared with the Australian **employed** male population (controlling for differences in age distributions and employment status), the suicide rate for males serving in the permanent forces in Navy combat and security roles is 2.5 times (150%) higher than that of Australian **employed** males (see Table 5 for notes).
87. No deaths by suicide have been recorded for females serving in the permanent forces in combat and security roles from 2011 to 2020.

Table 5 Comparative rates of suicide while employed^(a), serving permanent forces, by service characteristics: combat and security roles, 2011–2020^(b)

	Males			Females		
	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)
Service^(c)						
Navy	8	150% ^{†*}	Yes (1.08, 4.93)	0		
Army	18	68% ^{†*}	No (0.999, 2.66)	0		
RAAF	<5	n.p.	n.p.	0		
Deployment (trained force)⁽ⁱ⁾						
Warlike operational service	11	30% ^{†*}	No (0.65, 2.32)	0		
Non-warlike operational service	5	202% ^{†*}	No (0.98, 7.06)	0		
Peacetime operational service only	<5	n.p.	n.p.	0		

Current serving permanent forces Combat and security	Males			Females		
	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)
Enlistment age^(c)						
16 - 17	<5	n.p.	n.p.	0		
18 - 20	18	150% ^{†*}	Yes (1.48, 3.96)	0		
21 - 24	7	122% ^{†*}	No (0.89, 4.57)	0		
25 - 29	0			0		
30 - 34	<5	n.p.	n.p.	0		
35 - 39	0			0		
40+	<5	n.p.	n.p.	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian employed population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex- and employed-matched Australian population

(b) Analysis includes active members who have served at least one day since 1 January 2001 and have died between 1 January 2011 and 31 December 2020.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.6 Logistics roles by service characteristics

88. This section presents rates of suicide by different service characteristics for the occupational group: logistics.

Serving member suicide rates (permanent forces) by service characteristic: logistics roles

In brief:

The suicide rates for males and females serving in the permanent forces remain similar to those of the Australian population, or the statistical test did not detect a real difference due to the small size of the cohort, when disaggregated by service, deployment, and enlistment age.

Results

89. Compared with the Australian **employed** male population (controlling for differences in age distributions and employment status), the rates of suicide for males serving in the permanent forces in logistics roles, when disaggregated by the various service characteristics and as presented below, have been suppressed due to small numbers or the rates are similar to those of Australian males and/or there is no statistically significant difference as measured by the age-adjusted suicide rate.
90. The findings for females serving in the permanent forces in logistics roles, as presented below, have been suppressed due to small numbers.

Table 6 Comparative rates of suicide while employed^(a), serving permanent forces, by service characteristics: logistics roles, 2011–2020^(b)

Current serving permanent forces Logistics	Males			Females		
	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)
Service						
Navy	<5	n.p.	n.p.	<5	n.p.	n.p.
Army	7	37% ^{†*}	No (0.55,2.83)	<5	n.p.	n.p.
RAAF	<5	n.p.	n.p.	0		
Deployment (trained force)						
Warlike operational service	6	53% ^{†*}	No (0.56,3.33)	0		
Non-warlike operational service	0			0		
Peacetime operational service only	<5	n.p.	n.p.	<5	n.p.	n.p.
Enlistment age						
16 - 17	<5	n.p.	n.p.	0		
18 - 20	<5	n.p.	n.p.	0		
21 - 24	<5	n.p.	n.p.	<5	n.p.	n.p.
25 - 29	<5	n.p.	n.p.	<5	n.p.	n.p.
30 - 34	<5	n.p.	n.p.	0		
35 - 39	0			0		
40+	<5	n.p.	n.p.	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian employed population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex- and employed-matched Australian population

(b) Analysis includes active members who have served at least one day since 1 January 2001 and have died between 1 January 2011 and 31 December 2020.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.7 Engineering, maintenance and construction roles by service characteristics

91. This section presents rates of suicide by different service characteristics for the occupational group: engineering, maintenance and construction.

Serving member suicide rates (permanent forces) by service characteristic: engineering, maintenance and construction roles

In brief:

The suicide rates for males serving in the permanent forces remain similar to those of the Australian population, or the statistical test did not detect a real difference due to the small size of the cohort, when disaggregated by service, deployment and enlistment age.

Results

92. Compared with the Australian **employed** male population (controlling for differences in age distributions and employment status), the rates of suicide for males serving in the permanent forces in engineering, maintenance and construction roles, when disaggregated by the various service characteristics and as presented below, have been suppressed due to small numbers or the rates are similar to those of Australian males and/or there is no statistically significant difference as measured by the age-adjusted suicide rate.
93. No suicide deaths have been recorded for females serving in the permanent forces in engineering, maintenance and construction roles from 2011 to 2020.

Table 7 Comparative rates of suicide while employed^(a), serving permanent forces, by service characteristics: engineering, maintenance and construction roles, 2011–2020^(b)

	Males			Females		
	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)
Current serving permanent forces Engineering, maintenance and construction						
Service						
Navy	6	20% ^{†*}	No (0.44,2.61)	0		
Army	<5	n.p.	n.p.	0		
Air Force	8	40% ^{†*}	No (0.60,2.75)	0		
Deployment (trained force)						
Warlike operational service	<5	n.p.	n.p.	0		
Non-warlike operational service	5	70% ^{†*}	No (0.55,3.96)	0		
Peacetime operational experience	<5	n.p.	n.p.	0		
Enlistment age						
16 - 17	<5	n.p.	n.p.	0		
18 - 20	8	22% ^{†*}	No (0.53,2.40)	0		
21 - 24	<5	n.p.	n.p.	0		
25 - 29	<5	n.p.	n.p.	0		
30 - 34	<5	n.p.	n.p.	0		
35 - 39	0			0		
40+	0			0		

Table notes:

- These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian employed population. The SMRs presented here cannot be validly compared with each other.
- SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.
- SMRs in this Table denoted with a '**' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.
- (a) Compared with the age- and sex- and employed-matched Australian population
 - (b) Analysis includes active members who have served at least one day since 1 January 2001 and have died between 1 January 2011 and 31 December 2020.
 - (c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

94. The suicide counts for the remaining occupational groups, when disaggregated by the various service characteristics, are insufficient to draw statistically significant conclusions, and are not presented.

6.8 Occupation

95. In the ADF, a variety of professions and trades are filled by serving members. In this report, 'occupation' describes the job an ADF member was assigned at the point of death or at the end of the annual reporting period.
96. Only occupations²⁴ with suicide counts of five or more are listed:
- **Boatswain's Mate** (Seamanship and Small Arms Specialist): a Navy combat and security role, specialises in small arms and close-range weapons, small boats and ships, maintenance of the ship and ensures the smooth day-to-day security, safety, maintenance and operations of the ship.²⁵
 - **Rifleman** (Infantry Soldier): an Army combat and security role, the Rifleman's primary role is close combat, which requires skill in the application of force, both lethal and non-lethal, in every type of operation across the spectrum of conflict. To conduct close combat, the Rifleman must first locate the enemy using patrolling and surveillance to develop an intelligence picture. Once the enemy is located, and typically after air or artillery bombardment, the Rifleman fights the enemy at close quarters with rifle, bayonet, machine gun, grenades and anti-armour weapons regardless of season, weather or terrain. The Rifleman can operate as part of a combined/joint/integrated team to exploit the advantages of technology provided by other elements of the ADF. Alternatively, infantry units are capable of conducting independent and/or joint operations for limited periods in complex terrain where technological advantages are degraded.²⁶

Serving member suicide rates (permanent forces) by occupation

In brief:

Males serving in the permanent forces in the occupation of Boatswain's Mate and Rifleman are 5.26 times (426%) and 2.53 times (153%) more likely to die by suicide, respectively, than Australian **employed** males (see Table 8 for notes).

Results

97. Compared with the Australian **employed** male population (controlling for differences in age distributions and employment status), the suicide rate for males serving in the permanent forces in the occupation of Boatswain's Mate is 5.26 times (426%) higher than that of Australian **employed** males, and the occupation of Rifleman is 2.53 times (153%) higher than that of Australian **employed** males (see Table 8 for notes).
98. No suicide deaths have been recorded for females serving in the permanent forces in the various occupations, as presented below, from 2011 to 2020.

Table 8 Comparative rates of suicide while employed^(a), serving permanent forces, by occupation, 2011–2020^(b)

Current serving permanent forces	Males			Females		
	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)
Boatswains Mate	5	426% ^{†*}	Yes (1.71, 12.26)	0		
Rifleman	10	153% ^{†*}	Yes (1.21, 4.65)	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian employed population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex- and employed-matched Australian population

(b) Analysis includes active members who have served at least one day since 1 January 2001 and have died between 1 January 2011 and 31 December 2020.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.9 Discipline: interaction with the Defence Force Discipline Act

99. The military justice system is a framework underpinning Defence military discipline and command structures. Under the *Defence Force Discipline Act 1982* (Cth) (DFDA), Defence prosecutes accused Australian Defence Force (ADF) members for committing offences ranging from serious to minor in nature.

Serving member suicide rates (permanent forces) by discipline: interaction with the Defence Force Discipline Act

In brief:

There is no statistically significant difference in the suicide rate for males serving in the permanent forces who faced trial for an offence under the DFDA compared to Australian **employed** males.

Results

100. Compared with the Australian employed male population (controlling for differences in age distributions and employment status), there is no statistical difference in the suicide rate for males serving in the permanent forces who faced trial for an offence under the DFDA when compared to Australian **employed** males.
101. The suicide rate for females serving in the permanent forces who faced trial for an offence under the DFDA is similar to that of Australian employed females.

Table 9 Comparative rates of suicide while employed^(a), serving permanent forces, by Discipline: Interaction with the DFDA, 2011–2020^(b)

Current serving permanent forces	Males			Females		
	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)
Interaction with the DFDA	21	34%↑	No (0.83,2.04)	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian employed population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

(a) Compared with the age- and sex- and employed-matched Australian population

(b) Analysis includes active members who have served at least one day since 1 January 1985 and have died between 1 January 2011 and 31 December 2020.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.10 Discipline: trials before summary authorities

102. The statistics of trials and outcomes for discipline have been reported in the same manner as in the annual Judge Advocate General Defence Force Discipline Act Reports. Where offences are prosecuted under military jurisdiction, the DFDA 1982 (DFDA) provides for the creation of Service Tribunals with the power to try ADF members; being Courts martial, Defence Force Magistrates and Summary Authorities.²⁷
103. The suicide counts for current serving ADF members tried by Courts martial and Defence Force Magistrates are insufficient to draw statistically significant conclusions, and suicide rate comparisons are therefore not presented.
104. Summary Authorities have limited powers of punishment and are generally used to try less serious offences. There are three levels of summary authorities created under the DFDA:
- superior summary authorities;
 - commanding officers; and
 - subordinate summary authorities.
105. **Superior summary authorities** are appointed by instrument by certain senior officers pursuant to the DFDA and are usually themselves senior officers within a command.
106. The power of a **commanding officer** to hear a matter under the Act is derived from his/her position in command and there is no separate discipline appointment required, although an officer may be appointed by instruments as a commanding officer for disciplinary purposes.
107. **Subordinate summary authorities** are appointed by instrument by commanding officers pursuant to the DFDA to assist them in the enforcement of discipline within their command. Their jurisdiction and powers of punishment are substantially less than those of a commanding officer.

Serving member suicide rates (permanent forces) by discipline: trials before summary authorities

In brief:

There is no statistically significant difference in the suicide rate for males serving in the permanent forces who faced trial before a commanding officer compared to Australian **employed** males.

In contrast, males serving in the permanent forces who faced trial before a subordinate summary authority during service are 2.01 times (101%) more likely to die by suicide than Australian **employed** males (see Table 10 for notes).

Results

108. Compared with the Australian employed male population (controlling for differences in age distributions and employment status), there is no statistical difference in the suicide rate for males serving in the permanent forces who faced trial before a commanding officer during service when compared to Australian **employed** males.
109. The suicide rate for males serving in the permanent forces who faced trial before a subordinate summary authority during service is 2.01 times (101%) higher than that of employed Australian **employed** males (see Table 10 for notes).
110. No suicide deaths have been recorded for males who faced a superior summary authority during service, as presented below, from 2011 to 2020.
111. The findings for females who served in the permanent forces and faced a summary authority during service have been suppressed due to small numbers.

Table 10 Comparative rates of suicide while employed^(a), serving permanent forces, by Discipline: Trials before summary authorities 2011–2020^(b)

Current serving permanent forces Authority	Males			Females		
	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)
Commanding Officer	6	38% ^{†*}	No (0.51,3.00)	<5	n.p.	n.p.
Subordinate Summary Authority	11	101% ^{†*}	Yes (1.01,3.60)	0		
Superior Summary Authority	0			0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian employed population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex- and employed-matched Australian population

(b) Analysis includes active members who have served at least one day since 1 January 1985 and have died between 1 January 2011 and 31 December 2020.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.11 Discipline: nature of misconduct

112. The following groupings describe the offences prosecuted under the DFDA before Summary Authorities. Only sections of the DFDA with suicide counts of five or more are presented.

Serving member suicide rates (permanent forces) by discipline: convictions for offences before summary authorities

In brief:

Males serving in the permanent forces and were convicted of an offence under section 26 (insubordinate conduct) are 13.39 times (1,239%) more likely to die by suicide than Australian **employed** males (see Table 11 for notes).

Results

113. Compared with the Australian employed male population (controlling for differences in age distributions and employment status), the suicide rate for males serving in the permanent forces who were convicted of an offence under section 26 (insubordinate conduct) of the DFDA by a summary authority during service is 13.39 times (1,239%) higher than that of Australian **employed** males (see Table 11 for notes).
114. The findings for females serving in the permanent forces and were convicted of an offence of the DFDA by a summary authority during service have been suppressed due to small numbers.

Table 11 Comparative rates of suicide while employed^(a), serving permanent forces, by Discipline: convictions for offences before summary authorities 2011–2020^(b)

Current serving permanent forces Conviction	Males			Females		
	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Employment Suicide rate (SMR)	Statistically significant ^(c) (CI)
s26 Insubordinate conduct	5	1239% ^{†*}	Yes (4.35,31.26)	0		
s29 Failing to comply with a general order	6	154% ^{†*}	No (0.93,5.54)	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian employed population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '**' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex- and employed-matched Australian population

(b) Analysis includes active members who have served at least one day since 1 January 1985 and have died between 1 January 2011 and 31 December 2020.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.12 Reserve forces service by service characteristics

Serving member suicide rates (reserve forces only)

115. Members serving in the reserve forces are not engaged by the ADF in a full-time capacity, therefore the obligations of members of the reserve forces do not resemble the employed Australian population, and comparing the two is not a valid comparison. The results presented below are suicide rates of members serving in the reserve forces who have never served in the permanent forces compared to the **general** Australian population.

In brief:

Males serving in the reserve forces who have never served in the permanent forces are 62% less likely to die by suicide than Australian males.

Results

116. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males serving in the reserve forces who have never served in the permanent forces is 62% lower than that of Australian males.
117. The findings for females serving in the reserve forces who have never served in the permanent forces, as presented below, have been suppressed due to small numbers.
118. Additional underlying factors besides just service status and sex are explored in table 12 of this analysis. However, the rate of suicide for members serving in the reserve forces who have never served in the permanent forces is lower than that of the Australian population and/or there is no statistical difference.

Table 12 Comparative rates of suicide^(a), serving reserve only service, by service status, 1997–2021^(b)

	Males			Females		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Current serving Reserve only service	49	62%↓	Yes (0.28,0.50)	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes active members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Serving member suicide rates (reserve forces only): service characteristics

In brief:

The suicide rates for males and females who serve in the reserve forces and have never served in the permanent forces, have been suppressed due to small numbers, are similar to those of Australian the population, or the statistical test did not detect a real difference due to the small size of the cohort, when disaggregated by service arm, deployment, enlistment age and occupational groups.

Results

119. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males serving in the reserve forces who have never served in the permanent forces, when disaggregated by the various service characteristics, are similar or lower to those of Australian males, and/or there are no statistical differences between them.
120. The findings for females who serve in the reserve forces and have never served in the permanent forces, when disaggregated by the various service characteristics and as presented below, have been suppressed due to small numbers.

Table 13 Comparative rates of suicide^(a), serving reserve only service, by service characteristics

	Male				Female		
	Current serving Reserve only service	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)
Service^(c)							
Navy		<5	n.p.	n.p.	0		
Army		32	62%↓	Yes (0.26,0.53)	0		
Air Force		<5	n.p.	n.p.	0		
Deployment (trained force) ^(c)							
Warlike operational service		5	61%↓*	Yes (0.13,0.90)	0		
Non-warlike operational service		<5	n.p.	n.p.	0		
Peacetime operational experience		<5	n.p.	n.p.	0		
Enlistment age^(d)							
16 - 17		<5	n.p.	n.p.	<5	n.p.	n.p.
18 - 20		7	84%↓*	Yes (0.06,0.33)	0		
21 - 24		12	49%↓*	Yes (0.26,0.89)	0		
25 - 29		16	7%↓*	No (0.53,1.52)	0		
30 - 34		<5	n.p.	n.p.	0		
35 - 39		<5	n.p.	n.p.	0		
40+		<5	n.p.	n.p.	0		

	Male			Female		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)
Current serving Reserve only service						
Occupational group^(c)						
Aviation	0			0		
Combat and Security	17	67% ^{↓*}	Yes (0.19,0.53)	0		
Communications and Cyber	0			0		
Engineering, Maintenance and Construction	0			0		
Enterprise and Command Support	5	64% ^{↓*}	Yes (0.12,0.84)	0		
Health	8	15% ^{↑*}	No (0.50,2.26)	0		
Intelligence	0			0		
Logistics	7	41% ^{↓*}	No (0.24,1.22)	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '**' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(c) Analysis includes active members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

(d) Analysis includes active members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

7 Future analysis

121. The following proposals are made to expand AIHW's current annual reporting on suicide among permanent, reserve, and ex-serving ADF members. Many of the proposals will require Defence to provide additional data to AIHW, and this should begin immediately.
122. Furthermore, Defence should work proactively with AIHW to add more service characteristics to AIHW's annual reporting on suicide for ADF members, seeking to continuously improve and enhance the data available. Any expansion of the analysis underlying AIHW's annual report on suicide for ADF members will have funding implications for AIHW. Refer to Chapter 29, Use of data and research by Defence and DVA for information regarding data and research.
123. The development of better comparison data, such as developing the **employed Australian population**, may also benefit other vulnerable populations or occupations who may be at high risk of suicide.

7.1 Proposals

124. *Suicide rates for members serving full time in the permanent forces should be compared to the full time **employed** Australian population and reported in AIHW's annual report on suicide for ADF members.*
125. AIHW should explore using employment status data from the Single Touch Payroll, or another appropriate data source, to begin reporting suicide rates for full time members serving in the permanent forces against the *full time* Australian **employed** population.
126. Single Touch Payroll, from the Australian Tax Office, includes information about employees' salaries and wages, pay as you go (PAYG) withholding and superannuation as reported through the Single Touch Payroll system.

8 Technical notes

127. The following technical notes relate to the analysis provided within this appendix.

8.1 Comparing to the employed Australian population

128. To compare suicide rates in members serving in the permanent forces to the employed Australian population, the following populations are used.
129. The **number of observed deaths** in the study population is the number of deaths by suicide in members serving in the permanent forces from the ADF group of interest (ages 18 to 64).

130. The **study population** is the sum of the members serving in the permanent forces population year on year within the reference age range (ages 18 to 64 grouped into 5-year age increments) over the period under investigation and are obtained directly from Defence, referred to as Defence snapshot data. The age range varies between service status and gender and thus, the relevant age groups included were adjusted accordingly.
131. The **number of observed deaths in the reference population** is the sum of Australian suicides who were considered employed at the time of death within the age range (ages 18²⁸ to 64) over the period under investigation.
132. The death by suicide data is provided by the Registries of Births, Deaths and Marriages and the National Coronial Information System (managed by the Victorian Department of Justice and Community Safety) and includes cause of death coded by the Australian Bureau of Statistics (ABS). Suicide deaths include ICD-10 codes X60–X84 and Y87.0 and are presented by sex, single year age at death and year of death.
133. National Coronial Information System data contains information on employment status of the deceased, and this field is used to identify Australian males and females who were employed at the time of their death for the targeted age range and time period.
134. The **reference population** is the sum of the employed Australian population year on year within the reference age range (ages 18 to 64, grouped into 5-year age increments to match the ADF age grouping) over the period under investigation. It is produced by the ABS in a customised report and based upon monthly labour force survey estimates (available on request), for Labour Force Status (Employed), gender, and single year age (ages 18 to 64).

Limitations:

135. The following limitations have been identified with the proposed methodology.

Unlikely to be known employment status

136. National Coronial Information System data is coded via the interface or local court system within jurisdictions. The information available in the coronial investigation may vary from case to case and from one jurisdiction to another. In particular, Employment Status²⁹ contains 10 categories including employed. One category, 'Unlikely to be known'³⁰ (19.5% completion rate in NCIS, closed cases between 2006 and 2020), may include persons who were employed at the time of their death. This may result in an undercount of employed persons.
137. To assess the potential impact of under-enumeration of suicides in the employed population on the calculated SMRs, the Commission conducted a sensitivity analysis. SMRs were derived for two scenarios to test the impact of the 19.5% of cases with employment status reported as 'Unlikely to be known':
 - all 'Unlikely to be known' were imputed with 'employed', 'unemployed' and 'NILF' at the same proportions as the known employment status; and
 - all 'Unlikely to be known' were imputed with 'employed'.

138. In both cases the SMRs derived in the sensitivity analysis under the above scenarios were close to parity, meaning that the rates do not indicate that males serving in the permanent forces are less likely to die by suicide.

Part-time employment status

139. Employment status in the National Coronial Information System does not split employment into full-time, part-time and/or under-employed. Underemployment is a risk factor for suicide^{31 32} and any difference in the underemployment rate in the Australian community compared to members serving in the permanent forces may result in an overrepresentation in suicides within the civilian community.

ABS monthly labour force survey

140. The Australian employed population is calculated using monthly labour force survey estimates. Two types of error are possible in an estimate based on a sample survey: sampling error and non-sampling error.
141. Non-sampling error arises from inaccuracies in collecting, recording and processing the data. Every effort is made by the ABS to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. Non-sampling error also arises because information cannot be obtained from all persons selected in the survey.
142. Sampling error occurs because a sample, rather than the entire population, is surveyed. The most commonly used measure of the likely difference resulting from not including all households in the survey is given by the standard error.
143. It should be noted that sampling error and non-sampling error are potential limitations in the data rather than the methodology and that this data is commonly used and trusted by both government and industry in the development of strategy, policy, and as a gauge of economic wellbeing for Australia.
144. Table H2 contains cut-off values for quality based on estimates with Relative Standard Error (RSE) greater than 25%. For example, at the Australia level, any estimates less than 7,900 are considered to be low quality and should be used with caution. The lowest monthly estimate in the target age range and time period used in the proposed reference population is greater than 35,000 which is comfortably higher than the low-quality cut-off. The Labour Force, Australia methodology, June 2023, under the heading 'Reliability of estimates', contains more information.

Table H2 Estimates at which the Relative Standard Error (RSE) is 25%

Employed	Unit of measurement	Australia
Mar-03 — Oct-07	('000)	6.6
Nov-07	('000)	6.4
Dec-07	('000)	6.2
Jan-08	('000)	6.0
Feb-08	('000)	5.9
Mar-08	('000)	5.7
Apr-08	('000)	5.6
May-08	('000)	5.4
Jun-08	('000)	5.3
Jul-08 — Aug-09	('000)	7.4
Sep-09	('000)	7.0
Oct-09	('000)	6.5
Nov-09	('000)	6.2
Dec-09 — Jun-13	('000)	5.8
Jul-13 — Jan-14	('000)	7.8
Feb-14 onwards	('000)	7.9

145. Previous occupational epidemiological studies have sometimes used employment status from ABS Census data rather than ABS labour force survey to derive the employed Australian reference population. A review of the two sources identified little variation in the results, and the ABS labour force survey offered a greater level of precision as the data was collected monthly rather than once every four years.
146. The calculated CIs may be narrower than they are in reality, due to the uncertainty from survey sampling that the Australian employed population is based on (ABS monthly labour force survey) which is not factored into the CI calculation.

8.2 Suicide monitoring

Lag in cause of death information

147. Analysis in this study is based on year of occurrence of death. The NDI is one source of information on fact of death in this study. Fact of death information from the NDI is supplemented with cause of death information from the National Mortality Database (NMD). Analysis of the NMD for all Australian deaths shows that between 4% and 7% of deaths are not registered until the next year (ABS 2018). These deaths are not captured in cause of death information, until data for the next year become available, and so there is usually a small number of suicides in each report that should have been the year prior's data but were only confirmed after publication.

Cause of death data revisions (ABS)

148. Cause of death information is based on final cause of death information for the years 2001 to 2019. Revised data are used for 2020 and preliminary data for 2021. Cause of death for a small number of records linked to the 2019 (revised) and 2020 (preliminary) cause of death data may change where a death is being investigated by a coroner and more up-to-date information becomes available as a result of the ABS revisions process. This may have a small effect on the number of deaths attributed to suicide in these years, as some deaths currently coded as 'undetermined intent' could later be identified as 'intentional self-harm' (or vice-versa).
149. Although this method likely captures the vast majority of suicides, there is potential for some to be missed if coronial findings take longer than 4 years and the finding results in an update to the initial coded intent of death.
150. Care needs to be taken when interpreting data derived from deaths registered in Victoria. Following investigations between the ABS and the Victorian Registry of Births, Deaths and Marriages, 2,812 additional registrations from 2017, 2018 and 2019 were identified that had not previously been provided to the ABS. A time series adjustment has been applied to these deaths to enable a more accurate comparison of mortality over time. Affected deaths are presented in the year in which they were registered (that is, removed from 2020 and added to 2018 or 2019). For detailed information on this issue please refer to Technical note: Victorian additional registrations and time series adjustments in Causes of death, Australia (ABS cat. no. 3303.0) available from the ABS website.

Australian Bureau of Statistics (ABS) changes to mortality coding over the study period

151. The following information on mortality coding is sourced from the ABS. For further information, see the ABS [Causes of death, Australia](#) report (ABS 2018).
152. Substantial changes to ABS cause of death coding were undertaken in 2006, improving data quality by enabling the revision of cause of death for open coroner's cases over time. Deaths that are referred to a coroner (including deaths due to suicide) can take time to be fully investigated. To account for this, all coroner-certified deaths registered after 1 January 2006 are subject to a revisions process. This allows cause of death for open coroner's cases to be included at a later stage where the case is closed during the revision period. Cause of death data are deemed preliminary when first published, with revised and final versions of the data being historically published 12 and 24 months after initial processing. Between 2001 and 2005, revisions did not take place and as such it is recognised by the ABS that deaths by suicide may have been understated during this period (ABS 2018).
153. As well as the above changes, new coding guidelines were applied to deaths registered from 1 January 2007. The new guidelines improve data quality by enabling deaths to be coded as suicide by ABS mortality coders if evidence from police reports, toxicology

reports, autopsy reports and coroners' findings indicates the death was due to suicide. Previously, coding rules required a coroner to determine a death as due to suicide for it to be coded as suicide.

154. The combined result of both changes has been the more complete capture of deaths by suicide, and a reduced number of deaths coded as 'undetermined intent', within Australian mortality data. The National Coronial Information System (NCIS) also continually makes improvements and enhancements to their system which allows for ABS coding to be accessed in a more timely fashion.
155. Detailed information on coding guidelines for intentional self-harm, and administrative and system changes that can have an impact on the mortality data set, can be found in Explanatory Notes 91-100 of Causes of death, Australia report (ABS 2018).

Standardised Mortality Ratios

156. Age-adjusted comparisons between the suicide rate in ADF groups and the Australian comparison groups were calculated using Standardised Mortality Ratios (SMRs). The SMR is a widely recognised measure used to account for differences in age structures when comparing death rates between populations. This method of standardisation can be used when analysing relatively rare events, that is, where number of deaths is less than 25 for the analysed time period. The SMR is used to control for the fact that the ADF service status groups have a younger age profile than the Australian comparison groups, and rates of suicide vary by age in both the study populations and the Australian comparison groups. The SMRs control for these differences, enabling comparisons of suicide counts between the service status groups and the Australian population without the confounding effect of differences in age.
157. The SMR is calculated as the observed number of events (deaths by suicide) in the study population divided by the number of events that would be expected if the study population had the same age and sex specific rates as the comparison population. SMRs greater than 1.0 indicate a greater number of suicides in the ADF population than expected; and SMRs less than 1.0 indicate a lower number of suicides than expected in the ADF population.
158. Unlike suicide rates, SMRs only provide information about the 2 populations the statistic is based on. Comparing SMRs cannot be used to draw conclusions about the relative adjusted mortality rates of the study populations. This is because each SMR measure provides a comparison that is specific to the 2 populations involved.

Confidence Intervals

159. Confidence intervals of 95% were used in the calculation of SMRs. Broadly speaking wider CIs imply less certainty around a calculated value, and narrower CIs imply more certainty. Specifically, a CI at 95% suggests that repeated samples calculating the CI in the same manner would contain the true value 95% of the time.

Using confidence intervals to test for statistical significance

160. Statistical significance is based on a measure that indicates how likely it is that an observed difference, or a larger one, would occur under the conditions of the null hypothesis.
161. 95% confidence intervals (CIs) are provided for each standardised mortality ratio (SMR) to indicate the level of uncertainty around these estimates due to random fluctuations in the number of suicides over time. Estimates produced using low numbers can be sensitive to small changes in numbers of deaths over time and will therefore have wide CIs. CIs at 95% are provided within this report as they may account for the variation in absolute numbers of deaths by suicide over time (related to the small sample size). These assume that the suicide counts used in this analysis can be described by a Poisson distribution.
162. It is important to note that there are other sources of uncertainty, such as the linkage error, that are not captured by the provided CIs.
163. Use of CIs is the simplest way to test for significant differences between service groups and Australian comparison groups. For the purpose of this report, differences are deemed to be statistically significant if CIs do not overlap with 1.0.

References

164. ABS (Australian Bureau of Statistics) (2018) Causes of death, Australia, 2017, ABS website, accessed 11 June 2019.
165. ABS (2022) Causes of Death, Australia, ABS website, accessed 26 October 2023.

Data sources

166. The information in this report is based on information on members of the 3 ADF service status groups from Department of Defence, as well as mortality data from AIHW, ABS and NCIS. The details of these sources are as follows:
167. **Cause of Death Unit Record File data.** Cause of Death Unit Record File data are provided to the Royal Commission by the Australian Coordinating Registry as compiled by the ABS on behalf of Registrars of Births, Deaths and Marriages. Data was only available from 2006.
168. New ABS coding guidelines were applied for deaths registered from 1 January 2007. Therefore, 2007 is the earliest year this data was available with revisions applied.
169. **AIHW list of identified ADF suicides.** A list of identified ADF suicides is managed by the AIHW and is derived from the NDI records linked with Defence payroll data to create the linked Defence payroll–NDI data set.

170. **National Coronial Information System (NCIS) data.** The National Coronial Information System (NCIS) is a data repository containing information on deaths reported to a coroner in Australia. The database contains coded and non-coded data including demographic information about the deceased and contextual information about the nature of the fatality. The data used to identify the Australian employed population was only available up to 31 December 2020, which limited reporting to this year.
171. **Department of Defence personnel system data.** The Department of Defence compiled a file of current and historical Defence personnel systems covering ADF members who have served since 1 January 1985. This combines PMKeyS, Core HR system, D1, CENRESPAY (for reservists), ADFPAY (for permanent members) and other historical payment systems. The Department of Defence and AIHW assessed the resulting file for completeness and duplicates. Comparisons were made with records from Department of Defence annual reports and other sources to validate the list. Data from the National Archives was also investigated for its suitability in validation, however as the majority of records are electronic files based on photos of paper records, this was not usable.
172. **Defence Suicide Database (DSD).** The Defence Suicide Database is a list of confirmed and suspected suicides of primarily permanent members of the ADF
173. **Conduct Reporting and Tracking System (CRTS).** The Conduct Reporting and Tracking System (CRTS) enables the capture of, and the reporting on, the key milestone steps relating to incidents and investigations. These include the date and nature of an alleged offence, the authority conducting the investigation, investigation duration and the unit's decision regarding follow-up action (for example; a charge under the DFDA or the imposition of an administrative sanction).

Defence data source and data quality information

174. The Royal Commission undertook a validation process with Defence in respect of each service characteristic reported upon within the analysis. The below section includes information from that validation process, including population tables to assist researchers in reproducing the various ADF groups for use in future research.

General notes on validation process

175. The validation process involved the Royal Commission producing a series of 'validation papers' and associated suicide counts for Defence to review and comment. Among other things, Defence was asked to confirm the suicide counts from its own data, identify any data quality issues, and provide commentary on the methodology that had been applied for the analysis of each individual service characteristic.

176. In validating the suicide counts, we understand that Defence used its live databases rather than the point in time dataset provided to the Royal Commission for analysis. As such, there were minor variances in many of the suicide counts. We do not consider that these variances affect the accuracy of the Royal Commission's analysis.

Royal Commission list of suicide deaths

Count Validation

177. The Royal Commission's list of suicide deaths was validated with Defence from 21 November 2023 to 21 December 2023. In response to a query raised on the 12 March 2024, it was confirmed that all deaths used in this analysis were confirmed suicide deaths.

Prior service status

Data source

178. Defence Personnel Management Key Solution (PMKeyS) data and the Royal Commission suicide list underpins this analysis.

Data quality

179. Defence did not identify any data quality issues with this data.

Count Validation

180. As part of the validation process Defence was asked to replicate the ADF death by suicide counts for the above ADF population. Defence's response related to counts for serving and ex-serving members of both permanent and reserve forces. In Defence's view:

Defence has undertaken analysis for the purpose of seeking to replicate or check the VP[01] Counts Table provided by the Royal Commission under cover of its letter dated 18 January 2024. Defence notes that there are variances between the counts contained in the Commission's Counts Table provided and the counts Defence has generated using raw data aggregates. However, Defence considers that the trends appear to be similar.

By way of possible explanation for the variance, Defence notes the following:

- There may be discrepancies in handling of the duplicate records.
- Defence's analysis and testing uses all of PMKeyS record history, so Defence may have picked up periods of Regular service that occur before 1985.
- There are potential errors or gaps in date of death data (eg, blank fields / year only values).

181. The Royal Commission subsequently, and where appropriate, updated the list to reflect the service status identified by Defence, predominantly to reflect Defence's analysis using PMKeyS record history for periods of permanent service that occurred before 1985, which were not part of the data produced to the Royal Commission.

Deployment

Data source

182. Defence Personnel Management Key Solution (PMKeyS) data and the Royal Commission suicide list underpins this analysis.

Data quality issues

183. Defence identified the following data quality issues:

There are some differences in the information that is captured in relation to an operational deployment based on the nature of service undertaken during that deployment. These include:

- Services can record operations quite differently depending on the activities. For example, a pilot or load master may fly in and out of a specified area of operation multiple times over a period of months and this would be recorded as multiple deployments. However, a ship or unit that deploys for a longer duration which may move in and out of the specified area of the operation numerous times may only be recorded as having conducted 1 deployment.
- Peace-time operations largely do not record events based on time within the specified area of the operation (WSA days).

Count Validation

184. As part of the validation process Defence was asked to replicate the ADF death by suicide counts for the above ADF population. Defence's response related to counts for serving and ex-serving members of both permanent and reserve forces. In Defence's view:

The variance between Defence's total suicide counts and the Royal Commission's total Suicide Counts was nine. Based on the logic of the statistical code and the relatively low variance, Defence considers the degree of variance may be unproblematic in terms of what Defence understands is the stated aim.

185. The Royal Commission notes that Defence used current systems, rather than the data provided to the Royal Commission, to validate the data. The minor variations are likely due to this factor or minor discrepancies due to differing processing rules.

Enlistment age

Data source

186. Defence Personnel Management Key Solution (PMKeyS) data and the Royal Commission suicide register underpins this analysis.

Data quality issues

187. Defence did not identify any data quality issues with this data.

Count Validation

188. As part of the validation process Defence was asked to replicate the ADF death by suicide counts for the above ADF population. Defence's response related to counts for serving and ex-serving members of both permanent and reserve forces. In Defence's view:

Defence has undertaken analysis for the purpose of seeking to replicate or check the VP[04] Counts Table provided by the Royal Commission under cover of its letter dated 29 January 2024.

Defence notes that there are variances between the counts contained in the Commission's Counts Table provided and the counts Defence has generated using raw data aggregates. However, Defence considers the variance between the Royal Commission's counts and Defence's counts to be minimal.

On that basis, Defence considers the methodology underpinning VP[04] may be reasonable and appropriate.

189. The Royal Commission notes that Defence used current systems, rather than the data provided to the Royal Commission, to validate the data. The minor variations are likely due to this factor or minor discrepancies due to differing processing rules.

Occupational groups

Data source

190. Defence Personnel Management Key Solution (PMKeyS) data and the Royal Commission suicide list underpins this analysis.

Data quality issues

191. Defence did not identify any data quality issues with this data.

Count Validation

192. As part of the validation process Defence was asked to replicate the ADF death by suicide counts for the above ADF population. Defence's response related to counts for serving and ex-serving members of both permanent and reserve forces. In Defence's view:

Defence cannot exactly replicate the Royal Commission's Suicide Counts. However, based on inferred filtering rules that Defence assumes are used in the presented results Defence can achieve counts that are similar.

Based on these inferred rules, Defence achieved a total count of 667 members, whereas the Royal Commission's Suicide Counts had a total count of 676. That is, the variance between Defence's counts and the Suicide Counts was nine. Except for those nine additional members, Defence's counts appear to match the pattern of the Royal Commission's Suicide Counts.

193. The Royal Commission notes that Defence used current systems, rather than the data provided to the Royal Commission, to validate the data. The minor variations are likely due to this factor or minor discrepancies due to differing processing rules.

Occupation

Data source

194. Defence Personnel Management Key Solution (PMKeyS) data and the Royal Commission suicide list underpins this analysis.

Data quality issues

195. Defence identified the following data quality issues:

Defence notes that Data quality issues exist for older data and/or in relation to defunct trades as the 'Category Long Description' data is a relatively new construct/variable applied to Defence personnel which caters only for occupations that have been used post 2001 and which is used for workforce planning purposes (not for personnel management purposes).

Count Validation

196. As part of the validation process Defence was asked to replicate the ADF death by suicide counts for the above ADF population. Defence's response related to counts for serving and ex-serving members of both permanent and reserve forces. In Defence's view:

There is variance between the counts that Defence generated in an attempt to replicate the Royal Commission's Suicide Counts. However, Defence considers the variance between the Royal Commission's counts and Defence's counts to be minimal.

197. The Royal Commission notes that Defence used current systems, rather than the data provided to the Royal Commission, to validate the data. The minor variations are likely due to this factor or minor discrepancies due to differing processing rules.

IGADF data source and data quality information

Discipline

Data source

198. Conduct Reporting and Tracking System (CRTS) and the Royal Commission death by suicide list underpins this analysis.

Count Validation

199. The Royal Commission validated the data using the information available in the Judge Advocate General DFDA report 2021.

Data quality statement

200. The data quality statement underpinning the NDI can be found at: National Death Index (NDI), Data Quality Statement.
201. The data quality statements underpinning the AIHW National Mortality Database can be found in the following Australian Bureau of Statistics (ABS) publications:
- ABS quality declaration summary for Deaths, Australia methodology, 2021
 - ABS quality declaration summary for Causes of Death, Australia methodology, 2020
202. For more information on the AIHW National Mortality Database, see Deaths data at AIHW and the National Mortality Database.

Endnotes

- 1 State of Victoria, Department of Health and Human Services, May 2018, Association and causation A guide for policymakers on the science of determining the causes of diseases and other health outcomes (health.vic.gov.au) p. 3
- 2 National Mental Health Commission, 'National Report 2022: Reflections on a Journey of Change', National Report 2022: Reflections on a Journey of Change | National Mental Health Commission, viewed 26 May 2024. p. 2.
- 3 Exhibit EE-01.011, Australian Institute of Health and Welfare, Response to Notice to Give NTG-AHW-014, AHW.9999.0008.0001 at p 2.
- 4 Exhibit EE-01.011, Australian Institute of Health and Welfare, Response to Notice to Give NTG-AHW-014, AHW.9999.0008.0001 at p 2.
- 5 Australian Institute of Health and Welfare, 'Education, and employment as risk factors for suicide, webpage, last updated 15 August 2023, Education & employment as risk factors for suicide - Australian Institute of Health and Welfare (aihw.gov.au), viewed 25 June 2024
- 6 A McFarlane and others, Mental health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study: Full report, Department of Defence, 2011, p. 2 DEF.0001.0001.1093).
- 7 A McFarlane and others, Mental health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study: Full report, Department of Defence, 2011, p. 9 DEF.0001.0001.1093).
- 8 A McFarlane and others, Mental health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study: Full report, Department of Defence, 2011, p. xv DEF.0001.0001.1093).
- 9 Defence comments and submissions in relation to the preliminary results of the commission's data project (preliminary draft results) dated 18 March 2024
- 10 Interim National Commissioner for Defence and Veteran Suicide Prevention, Preliminary interim report, September 2021, p 192 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584)
- 11 Willis M, Baker A, Cussen T & Patterson E 2016. Self-inflicted deaths in Australian prisons. Trends & issues in crime and criminal justice no. 513. Canberra: Australian Institute of Criminology. <https://doi.org/10.52922/ti154878>
- 12 WA Police Union of Workers, Media Release, webpage, last updated 23 January 2023, WA Police Union releases report on suicide by police officers in Australia - WA Police Union, viewed 14 June 2024
- 13 Australian Government, 'Executive summary. A report developed by the National Suicide Prevention Taskforce as part of the Interim Advice to the Prime Minister'. Report, December 2020, National Suicide Prevention Adviser - Compassion First (health.gov.au) Viewed 19 June 2024, p. 5
- 14 The ADF Gap Year program gives 17 to 24-year-olds with Year 12 education exposure to the military way of life for up to 12 months of full-time service. Note that, of the nearly 7,500 participants in the Gap Year program since its commencement in 2007, approximately 55% have gone on to serve in the permanent forces following the program. However, not all participants in the program go on to serve in the permanent or reserve forces beyond the conclusion of the program.
- 15 Exhibit 82-03.036, Department of Defence, Response to Notice to Give NTP-ACA-001, ACA.1001.0005.2002 at p.61
- 16 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 17 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 18 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 19 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 20 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1

- 21 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 22 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 23 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 24 Further details on occupations can be found on the ADF Careers website at: <https://www.adfcareers.gov.au/jobs>
- 25 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 26 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 27 Exhibit JJ-01.007, Department of Defence, Response to Notice to Give NTG-DEF-299, Judge Advocate General Defence Force, Defence Force Discipline reports, Discipline Act Reports, DEF.1299.0004.0137 at annex B.
- 28 The age range was adjusted to reflect the working population and limitations in the NCIS data set.
- 29 National Coronial Information System, 'NCIS Data dictionary Version 4', NCIS Data dictionary version 4, viewed 5 May 2024, p. 70
- 30 The unlikely to be known variable "is applicable for any data field for which the information is either unknown or unavailable once the case file is finalised. This informs NCIS users that the information was not discovered during the police investigation or coronial process" (NCIS Coding manual, version 5, page 14). There are a number of reasons that an unlikely to be known variable could be selected for Employment status. The likelihood of these reasons may differ depending on the status of the case in question (open or closed). These reasons include (but are not limited to):
- The employment status is not yet available for the deceased at the current stage of the investigation but may become available at a later time (this is applicable to cases still open on the NCIS/under investigation by a coroner).
 - Information about employment status of the deceased has not been provided to the court by police:
 - o The form police use to notify a death to a coroner may not contain a specific field about employment status.
 - o The form police use to notify a death to a coroner may contain a specific field about employment status, but the field was not completed by police or was stated to be "unknown".
 - o Any subsequent police briefs of evidence to the court did not reference the employment status of the deceased.
 - Information about employment status of the deceased was not provided to the court by any other party or in other case material:
 - o The employment status of the deceased may not be included in other documentation provided to the court (such as witness statements, medical records, forensic/medical reports) unless it is a standard component of such documentation (specific field to be completed) or was considered to be of relevance to the author of that particular document.
- 31 Science Advances vol. 9, no. 28, 'Unemployment and underemployment are causes of suicide', last updated 8 august 2023, Unemployment and underemployment are causes of suicide | Science Advances
- 32 Australian Institute of Health and Welfare, 'Socioeconomic characteristics of ex-serving ADF members who died by suicide', webpage, last updated 11 October 2022, Socioeconomic characteristics of ex-serving ADF members who died by suicide, Risk of death by suicide - Australian Institute of Health and Welfare (aihw.gov.au), viewed 26 May 2024

Appendix I Comparative rates of suicide – ex-serving ADF members

1 Reader caution

1. **Caution:** some readers may find parts of this content confronting or distressing.
2. Please carefully consider your needs when reading the following information about suicide. This appendix contains information on numbers of deaths by suicide for ex-serving members of the Australian Defence Force (ADF). This material may be distressing to some readers.
3. If this material raises concerns for you, support is available. You can contact Lifeline on 13 11 14, or Defence All-hours Support Line on 1800 628 036, or Open Arms - Veterans and Families Counselling on 1800 011 046, all of which are available free of charge, 24 hours a day, 7 days a week.
4. The information included here places an emphasis on data, and as such, can appear to depersonalise the pain and loss behind the statistics. The Royal Commission acknowledges the individuals, families and communities affected by ADF member and veteran suicide each year in Australia.

2 Summary

5. This analysis, undertaken by the Royal Commission into Defence and Veteran Suicide, explores rates of suicide in ex-serving members who served in the permanent forces, and ex-serving members who served solely in the reserve forces.
6. These findings build upon results from the analysis presented in Appendix K, Comparative suicide rates and select causes of death.
7. The findings are summarised in figure 1 below.

2.1 'At-risk' groups

8. In this report, the 'at-risk' ADF groups are those who have a higher rate of suicide compared to the age and sex matched general Australian population.
9. Higher rates of suicide are associated with ex-serving males who served in the permanent forces:
 - in Army combat and security roles;
 - in logistics roles;
 - who separated during initial training in Army combat and security roles;
 - soldiers or sailors who served in Army Trained Force or Navy Trained Force;

- who separated involuntarily for medical reasons or for the reason ‘retention-not-in-service-interest’;
 - deployed in combat and security roles;
 - convicted of non-compliance, unsatisfactory conduct or unauthorised absence offences; and
 - suffered select injuries.
10. Higher rates of suicide for females are associated with:
- females who served in combat and security or health roles in the permanent forces; and
 - females who enlisted as a minor and served solely in the reserve forces.
11. The following summary statistics compare suicide rates of ADF groups with the age- and sex-matched Australian general population. The statistics measure association, not correlation, with ADF groups and the Australian general population. The general population includes all Australians, of which a small proportion are ex-serving ADF members.
12. Ex-serving ADF members are those who served at least one day since 1 January 1985; the monitoring period was 1 January 1997 to 31 December 2021.

The difference between association and correlation

In everyday language, ‘association’ and ‘correlation’ tend to be used interchangeably. Technically, ‘correlation’ has a statistical meaning to do with the strength of the relationship between two things; they both increase and decrease together, or as one increases the other decreases or vice versa. For example, the more hours you spend in direct sunlight the more severe your sunburn. ‘Association’ is a broader concept around whether two things are related in some way. Correlation can help define this relationship. Importantly, as this appendix discusses, just because two things are related (either by association or correlation), does not mean that one causes the other.

The first step to identifying a potential causal relationship between an exposure and an outcome is to investigate whether there is an ‘association’ between the exposure and the outcome.

13. Higher rates of suicide are associated with the factors outlined in Figure 1.

Figure 1 Summary of ADF groups associated with higher rates of suicide

Males who served in the permanent forces in Army combat and security roles have an increased risk of suicide.	Males who served in the permanent forces in combat and security roles in the Army are over 2 times more likely to die by suicide than Australian males (112%).
Males who served in the permanent forces in logistics roles have an increased risk of suicide.	Males who served in the permanent forces in logistics roles are 69% more likely to die by suicide than Australian males.
Males who served in certain combat and security or logistics occupations in the permanent forces have an increased risk of suicide.	Males who served in the permanent forces in combat and security occupations (such as the occupations of Commando and Rifleman), and logistics occupations (such as Driver Specialist and Maritime Logistics Chef), are around 2 to 5 times more likely to die by suicide than Australian males (364%, 120%, 95% and 174% higher, respectively).
Males in the permanent forces who separated during initial training in Army combat and security roles have an increased risk of suicide.	Males who served in the permanent forces in combat and security roles and separated during Army initial training are 2.70 times (170%) more likely to die by suicide than Australian males.
After graduation from initial training and entry into service life, males who served in combat and security roles in the permanent forces have an increased risk of suicide.	Males who served in the permanent forces in combat and security roles, either as soldiers of the Army Trained Force (graduated from initial training) or sailors of the Navy Trained Force, are around 2 times more likely to die by suicide compared to Australian males (117% and 95% higher, respectively).
Members who served in the permanent forces and who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest' have an increased risk of suicide.	<p>Males who served in the permanent forces and who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest' are more likely to die by suicide (202% and 187% higher, respectively) than Australian males.</p> <p>Females who served in the permanent forces and who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest' are more likely to die by suicide (388% and 245% higher, respectively) than Australian females.</p>
Males who served in the permanent forces in combat and security roles and were exposed to a direct or indirect risk of harm from hostile forces during deployment have an increased risk of suicide.	Males who served in the permanent forces in combat and security roles with warlike or non-warlike operational service are over 2 times more likely to die by suicide than Australian males (108% and 116% higher, respectively).
Females who served in combat and security or health roles in the permanent forces have an increased risk of suicide.	Females who served in the permanent forces in combat and security roles or health roles are 5.52 times (452%) and 3.12 times (212%) more likely to die by suicide, respectively, than Australian females.

Females who enlisted as a minor and served solely in the reserve forces have an increased risk of suicide.	Females who served solely in the reserve forces and enlisted as a minor (aged 16 or 17) are almost three times more likely to die by suicide than Australian females (189% higher).
Males who served in the permanent forces and were convicted of non-compliance, unsatisfactory conduct or unauthorised absence offences have an increased risk of suicide.	Males who served in the permanent forces and were convicted of an offence under section 24 (absence without leave), section 29 (failing to comply with a general order) or the section 60 (prejudicial conduct) of the Defence Force Discipline Act 1982 (DFDA) by a summary authority during service are 5.26 times (426%), 5.87 times (487%) and 12.44 times (1144%) more likely, respectively, to die by suicide than Australian males.
Members who served in the permanent forces and suffered select injuries have an increased risk of suicide.	Males and females who served in the permanent forces and suffered a traumatic joint, ligament, muscle or tendon injury during service, as reported in the Defence WHS system, are 4.35 times (335%) and 6.78 times (578%) more likely to die by suicide than Australian males and females.
Males who served solely in the reserve forces have similar rates of suicide to Australian males.	<p>Males who served solely in the reserve forces are no more or less likely to die by suicide than Australian males.</p> <p>For ex-serving males who served solely in the reserve forces, rates of suicide disaggregated by the service characteristics deployment, enlistment age, separation reason, separation during initial training, Trained Force, occupational group, WHS and discipline were not statistically higher than those of Australian males.</p>

3 Introduction

14. The National Mental Health Commission has highlighted the necessity of evidence-based policy advice to suicide prevention across all levels of government.
15. The Royal Commission into Defence and Veteran Suicide (the Royal Commission) undertook an analysis to explore:
 - the levels of suicide across novel service characteristics
 - the levels of suicide that differentiate between service in the permanent forces and service solely in the reserve forces.

3.1 Suicide rates for novel service characteristics

16. The levels of suicide among permanent, reserve, and ex-serving members have been reported for the service characteristics of service status, age, sex, service arm, rank, length of service, time since separation and reason for separation since June 2017.

17. At the time of writing, rates of suicide have not been reported for any additional service-related characteristics for almost seven years.
18. This analysis sought to explore the levels of suicide across novel service characteristics to help inform evidence-based policy and work towards improvements in mental health, and suicide awareness and prevention. The novel service characteristics explored include separation reason, deployment history, enlistment age, separation during initial training, occupational group and whether they were in the trained force, had reported a WHS injury or been involved in disciplinary action.

3.2 Permanent and reserve service

19. Service in the ADF permanent forces is full-time and represents the maximum service obligation. Permanent forces members are obliged to accept postings and deployments around Australia and overseas. The majority of ADF members are members of the permanent forces.
20. Service in the reserve force generally involves members rendering – or being available to render – 20 to 100 days of service a year.
21. The nature of service duties and obligations, possible career paths, degree of exposure to ADF culture, and amount of time absent from loved ones, varies between permanent and reserve service. Over the course of their career, a member may serve in the permanent or reserve forces, or a combination of both.
22. Service in the permanent forces is unique and involves sacrifices by the member and their family that differ from the kinds of sacrifice and hardship typically experienced by members serving in the reserve forces.
23. This is an important distinction and one that had not been explored in analysis prior to establishment of the Royal Commission.
24. Throughout this appendix, ex-serving members who were at any time engaged in permanent service will be considered ‘ex-serving permanent forces’, even if engaged in reserve service before fully separating. By contrast, those who joined and served solely in a reserve capacity will be considered ‘ex-serving reserve-only service’.

Defence’s view

Alternative comparator populations

25. Defence have raised objections to the use in this analysis of the general population as a comparable population when disaggregating into sub-groups.
26. This analysis has adopted the same comparator group of the general population used in the AIHW’s six annual reports on suicide among permanent, reserve, and ex-serving ADF members. We however note Defence’s position here for transparency reasons.
27. A more detailed discussion on the alternative populations proposed by Defence is included in Appendix H, Comparative rates of suicide - current serving ADF members in section 3.2.

3.3 Ethics review

28. Prior to conducting the following research, the Royal Commission sought and received ethics advice from independent external ethics consultants. This process was implemented with the aim that the research conducted by the Royal Commission would meet Australian community standards including that the public interest of the proposed research substantially outweighs the public interest in privacy protection.

3.4 Advisory Group review

29. The research plan, ethics framework and advice, and findings of this analysis have been presented and discussed with the Royal Commission Lived Experience and Research Advisory Group. The group was chaired by Commissioner Peggy Brown AO and comprised members with a lived experience of suicide or suicidality in the defence and veteran context, and researchers with expertise in the areas of suicidality, data science and defence and veteran health. Information about this advisory group can be found in Appendix F.

3.5 Australian Institute of Health and Welfare review

30. The Australian Institute of Health and Welfare (AIHW), which is a Commonwealth entity whose staff have specific expertise in deriving Standardised Mortality Ratios (SMRs) in ADF populations, reviewed the analysis prior to release. Feedback received from AIHW was incorporated to improve the accuracy and precision of the analysis.

3.6 Mindframe review

31. Mindframe, an organisation that supports safe media reporting, portrayal and communication about suicide, mental ill-health, and alcohol and other drugs, reviewed the analysis prior to release. Mindframe is funded by the Department of Health under the National Suicide Prevention Leadership and Support Program.
32. Feedback received from Mindframe was incorporated to improve the safe reporting of the analysis.

4 Substantive differences in methodology

33. For the most part the analysis undertaken by AIHW presented in Appendix J and Appendix K, and the analysis undertaken by the Royal Commission presented in this appendix, have used the same methodology. There are two main differences between the two analyses which are outlined below.

4.1 Ex-serving permanent forces

34. The AIHW analysis classifies members who previously served in the permanent forces and are currently serving in the reserve force as 'Reserve males' or 'Reserve females', prioritising their current reserve service over their previous permanent forces service.
35. In contrast, the Royal Commission classifies the same members as 'ex-serving permanent forces'. This effectively increases the number of suicide deaths reported for 'ex-serving permanent forces' within this analysis by approximately 70 members.
36. In addition, approximately 25 members were identified by Defence as having permanent service that most likely predated 1 January 1985. The Royal Commission classified these members as ex-serving permanent forces, however in the AIHW analysis they were most likely classified as 'Reserve ex-serving'.

4.2 Counts of suicide deaths

37. AIHW counts of suicide deaths amongst serving and ex-serving members are sourced from national suicide reporting and based upon coroner-certified deaths.
38. The Royal Commission counts of suicide deaths used the same national reporting, but have also used suspected suicide deaths reported to the Department of Veterans' Affairs, Open Arms, Defence and the Royal Commission. This decision reflects known limitations in determining intent through coronial processes as discussed in Chapter 28, Coroners.
39. For the two reasons above, the two analyses are based upon different cohorts.
40. The AIHW analysis by prior service status is based upon 1,395 ex-serving members (1,277 males, 118 females) with a suicide monitoring period of 1997 to 2021.
41. The Royal Commission analysis is based upon 1,532 ex-serving members (1,404 males, 128 females) with a suicide monitoring period of 1997 to 2021 (shorter timeframes were used if data from Defence was not available for the full monitoring period).

5 Validation

42. A validation process was undertaken between the Royal Commission and Defence to validate the analysis. The process began 21 November 2023 and finalised on 15 March 2024.
43. Defence were provided an opportunity to provide iterative feedback on:
 - The list of deaths by suicide and suspected suicide that underpin the analysis;
 - The suicide counts presented by gender, service status and year of death that underpin the analysis for each of the service characteristics;
 - The definition of the classifications presented in each service characteristic;
 - The methodology and logic underpinning each service characteristic;
 - any data quality issues that should be considered when interpreting the results for each service characteristic; and
 - the results of each service characteristic analysis.
44. Where appropriate, the Royal Commission incorporated this feedback to improve the accuracy and precision of the analysis.
45. Defence were also invited to comment on the at-risk populations identified in the analysis, but did not do so.
46. The Inspector-General of the Australian Defence Force (IGADF), as the Business Process Owner responsible for the Conduct Reporting and Tracking System (CRTS) management and operation, also provided feedback on the CRTS data.

6 Analysis – comparative suicide rates

47. This section presents age- and sex-adjusted suicide rates and numbers of deaths by suicide between 1997 and 2021 (unless otherwise indicated) compared to the Australian general population for the service status groups.

Rates based on small numbers

48. Rates based on small numbers of events can fluctuate from year to year for reasons other than a true change in the underlying risk of the event. In this report, rates are not reported when there are fewer than 5 events, as rates produced using small numbers can be sensitive to small changes in counts of deaths over time. In this report, rates denoted with an asterisk (*) should be interpreted with caution as the number of events is fewer than 20. These rates are considered potentially volatile.

6.1 Prior service status

49. ADF members can have either served in the permanent or reserve forces, or a combination of both over their ADF service career.
50. The following two service status groups describe the nature of service:
 - **Ex-serving permanent forces:** ADF members who served in the permanent forces between 1 January 1985 and 31 December 2021, who subsequently transitioned from Defence. This includes ADF members who served in the ADF Gap Year program. Many members leaving full-time service transition to the reserves for a minimum of five years. For the purposes of this analysis, ex-serving members who at any time served in the permanent forces will be considered 'ex-serving permanent forces', even if they were engaged in reserve service before fully separating. By contrast, those who joined and served solely in a reserve capacity will be considered 'reserve-only service'.
 - **Ex-serving reserve-only service:** ADF members who joined and served solely in the reserve forces between 1 January 1985 and 31 December 2021, who subsequently transitioned from Defence. This includes reserves who served in full-time service, known as continuous full-time service.

Male ex-serving suicide rates by prior service status

In brief:

Males who served in the permanent forces are 37% more likely to die by suicide than Australian males. In contrast, males who served solely in the reserve forces are no more or less likely to die by suicide than Australian males.

Note: AIHW's report *Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021* found the suicide rates for 'permanent ex-serving males' are 42% higher than Australian males. In the AIHW analysis, members who served in the permanent forces and are currently serving in the reserve forces are considered currently serving reserve members, whereas in this analysis the same cohort would be considered ex-serving permanent forces.

It is important to note that there are other underlying factors contributing to these results besides just service status and sex. The subpopulations are explored in the following analysis and give a better indication of the risk of suicide to different groups within the ex-serving population.

Results

51. Compared with the Australian male population (using standardised mortality ratios [SMRs] to control for differences in age distributions), the suicide rate for males who served in the permanent forces is 37% higher than that of Australian males.
52. The rate of suicide for males who served solely in the reserve forces is similar to that of Australian males.

Table 1 Comparative rates of suicide^(a), ex-serving males, by prior service status, 1997–2021^(b)

	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Male ex-serving	995	37%↑	Yes (1.28, 1.45)	409	7%↓	No (0.84, 1.03)

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by prior service status

In brief:

Females who served in the permanent forces are 2.1 times (110%) more likely to die by suicide than Australian females.

Similarly, females who served solely in the reserve forces are 89% more likely to die by suicide than Australian females.

This differs from the outcome observed for males within this analysis: males who served solely in the reserve forces are not an at-risk cohort when compared to Australian males.

Rates vary within subpopulations. The subpopulations are explored in the following analysis and give a better indication of the risk of suicide to different groups within the female ex-serving population.

Results

53. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rates for females who served in the permanent forces are 2.1 times (110%) higher than that of Australian females.
54. Similarly, the rate of suicide for females who served solely in the reserve forces is 89% higher than that of Australian females.
55. This differs from the outcome observed for males who served solely in the reserve forces who are not an at-risk cohort when compared to Australian males.

Table 2 Comparative rates of suicide^(a), ex-serving females, by prior service status, 1997–2021^(b)

	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Female ex-serving	75	110%↑	Yes (1.65,2.64)	53	89%↑	Yes (1.41,2.47)

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.2 Deployment

56. 'Deployment' refers to experiences relating to operational deployment. There are four broad categories describing the nature of deployment:
- **Warlike:** ADF members exposed to a direct risk of harm from hostile forces.
 - **Non-warlike:** ADF members exposed to an indirect risk of harm from hostile forces, and never exposed to a warlike deployment.
 - **Peacetime:** ADF members with operational deployment but not exposed to a Defence-assessed threat from hostile forces (peace keeping missions, overseas areas for border protection activities, humanitarian aid and domestic service in providing aid to the civilian community during emergency situations), and never exposed to a to a warlike or non-warlike deployment.
 - **No operational experience:** ADF members with no record of operational deployment.
57. Operational experience was only recorded with accuracy from 2001 onwards, and to obtain a full account of a member's operational history we would need to confine our analyses to members who served in the permanent forces and who were hired during or after 2001.
58. This would however limit the study cohort to such an extent that the statistical test would not be able to detect differences between populations due to the small size of the cohort. We have therefore included members who were hired before and serving after 2001. When interpreting the results, please take into consideration that the number of suicide deaths in the warlike, non-warlike and peacetime categories will be an undercount.
59. A 'no operational experience' category has not been presented in this analysis as this category would include members who have operational experience before 2001, but not after 2001.
60. Members who separated during their initial recruit or commissioning course or Initial Employment Training have been excluded from the analysis as they are not considered trained and cannot be deployed.

Male ex-serving suicide rates by deployment type

In brief:

Males who served in the permanent forces with warlike operational service are 55% more likely to die by suicide than Australian males. Males who served in the permanent forces with non-warlike operational experience are 67% more likely to die by suicide than Australian males.

Results

61. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males who served in the permanent forces with warlike operational service is 55% higher than that of Australian males.
62. The suicide rate for males who served in the permanent forces with non-warlike operational service is 67% higher than that of Australian males.
63. The suicide rates for males who served solely in the reserve forces, as presented below, have been suppressed due to small numbers.

Table 3 Comparative rates of suicide^(a), trained force ex-serving males, by deployment, 2001–2021^(b)

Male ex-serving (trained force)	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Warlike operational service	111	55% [†]	Yes (1.27, 1.86)	<5	n.p.	n.p.
Non-warlike operational service	27	67% [†]	Yes (1.10, 2.42)	<5	n.p.	n.p.
Peacetime operational service only	19	24% ^{†*}	No (0.75, 1.93)	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '**' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex- matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by deployment type

64. Compared with the Australian female population (using SMRs to control for differences in age distributions), there are no statistically significant differences in the suicide rate for females who served in the permanent forces with operational service.
65. The suicide rates for females who served solely in the reserve forces, as presented below, have been suppressed due to small numbers.

Table 4 Comparative rates of suicide^(a), trained force ex-serving females, by deployment, 2001–2021^(b)

Female ex-serving (trained force)	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Warlike operational service	5	116% ^{†*}	No (0.70,5.05)	<5	n.p.	n.p.
Non-warlike operational service	<5	n.p.	n.p.	0		
Peacetime operational service only	<5	n.p.	n.p.	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.3 Enlistment age

- 66. 'Enlistment age' refers to the age a member was hired by the ADF. The minimum age that members can join the ADF is 17, but in the past the minimum age was 16.
- 67. For suicide rates analysis in this report, enlistment age is presented in seven groups (ranging from minors aged 16 and 17, to 'more than 40 years').

Male ex-serving suicide rates by enlistment age

In brief:

Males who served in the permanent forces and enlisted as a minor (aged 16 or 17) or enlisted aged 30 to 34 are 27% and 84% more likely, respectively, to die by suicide than Australian males.

Males who served solely in the reserve forces for all enlistment age groups are no more or less likely to die by suicide than Australian males.

Results

- 68. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males who served in the permanent forces and enlisted as a minor (aged 16 or 17) is 27% higher than that of Australian males.
- 69. The rate of suicide for males who served in the permanent forces and enlisted aged 18 to 20 is 33% higher than that of Australian males.
- 70. The rate of suicide for males who served in the permanent forces and enlisted aged 21 to 24 is 48% higher than that of Australian males.
- 71. The rate of suicide for males who served in the permanent forces and enlisted aged 25 to 29 is 76% higher than that of Australian males.
- 72. The rate of suicide for males who served in the permanent forces and enlisted aged 30 to 34 is 84% higher than that of Australian males.
- 73. The rate of suicide for males who served solely in the reserve forces is similar to that of Australian males.

Table 5 Comparative rates of suicide^(a), ex-serving males, by enlistment age, 1997–2021^(b)

Male ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
16 - 17	292	27%↑	Yes (1.13,1.43)	86	3%↓	No (0.77,1.19)
18 - 20	358	33%↑	Yes (1.20,1.48)	137	15%↓	No (0.71,1.01)
21 - 24	176	48%↑	Yes (1.27,1.72)	88	8%↑	No (0.87,1.33)
25 - 29	91	76%↑	Yes (1.42,2.17)	53	4%↓	No (0.72,1.26)
30 - 34	37	84%↑	Yes (1.29,2.53)	24	23%↓	No (0.49,1.15)
35 - 39	9	50%↑*	No (0.68,2.84)	12	8%↑*	No (0.56,1.89)
40+	6	41%↑*	No (0.52,3.06)	6	27%↓*	No (0.27,1.58)

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex- matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by enlistment age

In brief:

Females who served in the permanent forces and enlisted as a minor (aged 16 or 17) or enlisted aged 25 to 29 are 88% (see Table 6 for notes) and 3.57 times (257%) (see Table 6 for notes) more likely to die by suicide, respectively, than Australian females.

In contrast, females who served solely in the reserve forces and enlisted as a minor (aged 16 or 17) are 2.89 times (189%) (see Table 6 for notes) more likely to die by suicide than Australian females. This allows us to build a clearer picture of which ex-serving females who served solely in the reserve forces are at increased risk of suicide.

Results

74. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rate for females who served in the permanent forces and enlisted as a minor (aged 16 or 17) is 88% (see Table 6 for notes) higher than that of Australian females.
75. The rate of suicide for females who served in the permanent forces and enlisted aged 18 to 20 is 97% higher than that of Australian females.
76. The rate of suicide for females who served in the permanent forces and enlisted aged 21 to 24 is 116% (see Table 6 for notes) higher than that of Australian females.
77. The rate of suicide for females who served in the permanent forces and enlisted aged 25 to 29 is 3.57 times (257%) (see Table 6 for notes) higher than that of Australian females.
78. The rate of suicide for females who served solely in the reserve forces and enlisted as a minor (aged 16 or 17) are 2.89 times (189%) (see Table 6 for notes) higher than that of Australian females.
79. The rate of suicide for females who served solely in the reserve forces and enlisted aged 18 or 20 are 1.75 times (75%) (see Table 6 for notes) higher than that of Australian females.
80. This differs from the outcome observed for males within this analysis: males who served solely in the reserve forces are not an at-risk cohort when compared to Australian males.

Table 6 Comparative rates of suicide^(a), ex-serving females, by enlistment age, 1997–2021^(b)

Female ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
16 - 17	14	88% ^{†*}	Yes (1.03,3.15)	10	189% ^{†*}	Yes (1.39,5.31)
18 - 20	36	97% [†]	Yes (1.38,2.72)	18	75% ^{†*}	Yes (1.04,2.76)
21 - 24	14	116% ^{†*}	Yes (1.18,3.63)	10	55% ^{†*}	No (0.74,2.85)
25 - 29	8	257% ^{†*}	Yes (1.54,7.03)	8	87% ^{†*}	No (0.81,3.68)
30 - 34	<5	n.p.	n.p.	5	89% ^{†*}	No (0.61,4.41)
35 - 39	0			<5	n.p.	n.p.
40+	<5	n.p.	n.p.	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.4 Reason for separation

81. In this appendix, 'reason for separation' describes the reason recorded for a person's separation (discharge) from the permanent forces, unless this was missing, in which case the reason recorded for a person's separation from their last engagement with the ADF was used.
82. The reasons that members separate from the ADF can be categorised into nine broad groups:
- **voluntary resignation**
 - **voluntary withdrawal within 90 days of enlistment**
 - **voluntary other:** includes voluntary redundancies and retirements
 - **involuntary medical:** personnel deemed unsuitable for further duty for medical reasons
 - **involuntary retention-not-in-service-interest:** refers to an involuntary separation due to the retention of the member's service being not in the interests of the Defence Force. This can include reasons relating to one or more of the following:
 - (i) a member's performance;
 - (ii) a member's behaviour (including any convictions for criminal or service offences);
 - (iii) a member's suitability to serve in the Defence Force, or in a particular role or rank;
 - (iv) a member's failure to meet one or more conditions of the member's appointment, enlistment or promotion;
 - (v) workforce planning in the Defence Force;
 - (vi) the effectiveness and efficiency of the Defence Force;
 - (vii) the morale, welfare and discipline of the Defence Force;
 - (viii) the reputation and community standing of the Defence Force.
 - **involuntary in absence**
 - **involuntary discipline:** personnel deemed unsuitable for further duty for disciplinary reasons
 - **involuntary other:** personnel deemed unsuitable for further duty for being physically unfit for service and training failure.
 - **contractual/administrative change:** includes contractual change and/or changes in Defence personnel system (for example, transitioning of payroll system to PMKeyS introduced from 2001).

Male ex-serving suicide rates by separation reason

In brief:

Males who served in the permanent forces and who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest' are 3.02 times (202%) and 2.87 times (187%) more likely, respectively, to die by suicide than Australian males.

In contrast, males who served solely in the reserve forces and separated for any reason are no more or less likely to die by suicide than Australian males.

Results

83. In this report, the 'reason for separation' differs from the AIHW analysis for two main reasons:
- The AIHW analysis is reported for members who separated from 1 January 2003 onwards, whereas this analysis is reported for members who separated from 1 January 1985 onwards.
 - The AIHW analysis classifies members who previously served in the permanent forces and are currently serving in the reserve force as 'reserve males', prioritising their current reserve service over their previous permanent forces service. In contrast, the Royal Commission classifies the same members as 'ex-serving permanent forces', prioritising their previous permanent forces service.
84. As similarly observed by the AIHW, compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males who served in the permanent forces and separated involuntarily for medical reasons is 3.02 times (202%) higher than that of Australian males. The rate of suicide for males who served in the permanent forces and who separated involuntarily for the reason 'retention-not-in-service-interest' is 2.87 times (187%) higher than that of Australian males.
85. In contrast to the AIHW analysis, the suicide rate for males who served in the permanent forces and separated involuntarily for the reason 'in absence' is 2.85 times (185%) (see Table 7 for notes) higher than that of Australian males, and the rate of suicide for males who served in the permanent forces and resigned is 30% higher than that of Australian males.
86. The rates of suicide for males who served solely in the reserve forces are similar to those of Australian males and/or there is no statistical difference between them as measured by the age-adjusted suicide rate. This includes those who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest'.

Table 7 Comparative rates of suicide^(a), ex-serving males, by separation reason, 1997–2021^(b)

	Ex-serving permanent forces			Ex-serving Reserve only service		
Male ex-serving	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Voluntary Resignation	631	30%↑	Yes (1.20,1.41)	355	7%↓	No (0.83,1.03)
Voluntary withdrawal within 90 days of enlistment	19	59%↑*	No (0.96,2.48)	0		
Voluntary other	16	7%↑*	No (0.61,1.74)	5	27%↓*	No (0.24,1.69)
Involuntary medical	100	202%↑	Yes (2.46,3.68)	<5	n.p.	n.p.
Involuntary Retention not in service interest	113	187%↑	Yes (2.37,3.46)	7	39%↓*	No (0.25,1.26)
Involuntary in Absence	14	185%↑*	Yes (1.56,4.77)	19	0%*	No (0.60,1.56)
Involuntary Discipline	<5	n.p.	n.p.	0		
Involuntary Other	12	3%↑*	No (0.53,1.80)	6	36%↓*	No (0.24,1.40)
Contractual/Administrative change	37	31%↓	Yes (0.48,0.95)	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by separation reason

In brief:

Females who served in the permanent forces and separated involuntarily for medical reasons are 4.88 times (388%) (see Table 8 for notes) more likely to die by suicide than Australian females, and those who separated involuntarily for the reason 'retention-not-in-service-interest' are 3.45 times (245%) (see Table 8 for notes) more likely to die by suicide.

Results

87. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rate for females who served in the permanent forces and separated involuntarily for medical reasons between 1985 and 2021 is 4.88 times (388%) (see Table 8 for notes) higher than that of Australian females.
88. For females who served in the permanent forces and separated involuntarily for the reason 'retention-not-in-service-interest', the suicide rate is 3.45 times (245%) (see Table 8 for notes) higher than that of Australian females.
89. For females who served in the permanent forces and separated voluntarily for the reason 'resignation', the suicide rate is 97% higher than that of Australian females.
90. In contrast to the AIHW analysis, the rate of suicide for females who served solely in the reserve forces and resigned is 86% higher than that of Australian females.

Table 8 Comparative rates of suicide^(a), ex-serving females, by separation reason, 1997–2021^(b)

Female ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Voluntary Resignation	46	97% [†]	Yes (1.44, 2.62)	47	86% [†]	Yes (1.37, 2.47)
Voluntary withdrawal within 90 days of enlistment	<5	n.p.	n.p.	0		
Voluntary other	<5	n.p.	n.p.	<5	n.p.	n.p.
Involuntary medical	11	388% ^{†*}	Yes (2.44, 8.74)	<5	n.p.	n.p.
Involuntary Retention not in service interest	5	245% ^{†*}	Yes (1.12, 8.06)	0		
Involuntary in Absence	<5	n.p.	n.p.	<5	n.p.	n.p.
Involuntary Discipline	0			0		
Involuntary Other	<5	n.p.	n.p.	0		
Contractual/Administrative change	<5	n.p.	n.p.	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.5 Separation during initial training

91. On joining the ADF as a general entry sailor, soldier or aviator, all recruits complete an approximately 11-week training course at the recruit school for their respective service. The purpose of recruit training is to induct recruits into the ADF through intensive training in basic military skills, knowledge and required behaviour.
92. On joining the ADF as an Australian Navy officer, Australian Army officer or Royal Australian Air Force officer, recruits undertake approximately 12 to 18 months of expert leadership training.
93. Following on from their respective recruit or commissioning course, ADF personnel commence their Initial Employment Training. This period can include workplace experience and periods of on-the-job training. Serving members transferring between jobs can also be required to undertake Initial Employment Training in their new occupations.
94. This analysis is based on the scenario where an ex-serving member was undertaking this initial training at the time of separation. Initial training is presented in two broad groups: Officer under training and Other ranks under training.
95. **Officer under training:** Australian Navy officers, Australian Army officers and Royal Australian Air Force officers who separate during their initial commissioning course or Initial Employment Training. For the purposes of this analysis, an ADF member who holds a rank of Midshipman or Officer Cadet, or higher, is a commissioned officer.
96. Officer under training can be further disaggregated into service categories:
 - **Army officer under training:** Australian Army officers who separate during their initial commissioning course or Initial Employment Training
 - **Navy officer under training:** Australian Navy officers who separate during their initial commissioning course or Initial Employment Training
 - **Airforce officer under training:** Royal Australian Air Force officers who separate during their initial commissioning course or Initial Employment Training.
97. The second broad initial training group is Other ranks under training.
98. **Other ranks under training:** Australian Navy, Australian Army and Royal Australian Air Force non-officer members who separate during their initial recruitment course or Initial Employment Training. For the purposes of this analysis, a Defence member who holds an equivalent rank to E00 (Recruit Seaman, Private, or Aircraftman) to E10 (Warrant Officer of the Navy, Regimental Sergeant Major of the Army, or Warrant Officer of the Air Force) is considered 'Other ranks'.

99. Other ranks under training can be further disaggregated into service categories:

- **Army soldier under training:** Australian Army other ranks who separate during their initial recruitment course or Initial Employment Training
- **Navy sailor under training:** Australian Navy other ranks who separate during their initial recruitment course or Initial Employment Training
- **Air Force aviator under training:** Royal Australian Air Force other ranks who separate during their initial recruitment course or Initial Employment Training.

Male ex-serving suicide rates: separation during initial training

In brief:

Males who served in the permanent forces and separated during Army soldier initial training are 2.32 times (132%) more likely to die by suicide than Australian males.

In contrast, there are no statistically significant differences in the suicide rates for males who served in the permanent forces and separated during Navy sailor or Air Force aviator initial training.

Results

100. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males who served in the permanent forces and separated during Army soldier initial training is 2.32 times (132%) higher than that of Australian males.

Table 9 Comparative rates of suicide^(a), under training ex-serving males, 2001–2021^(b)

Ex-serving permanent forces							Ex-serving Reserve only service		
Male ex-serving	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant(c) (CI)			
Officer under training	7	9%↓*	No (0.36, 1.87)	<5	n.p.	n.p.			
Army officer under training	<5	n.p.	n.p.	<5	n.p.	n.p.			
Navy officer under training	<5	n.p.	n.p.	0					
Air Force officer under training	<5	n.p.	n.p.	0					
Other ranks under training	68	90%↑	Yes (1.48, 2.41)	33	4%↓	No (0.66, 1.35)			
Army Soldier under training	54	132%↑	Yes (1.74, 3.03)	33	0%	No (0.69, 1.40)			
Navy Sailor under training	8	7%↓*	No (0.40, 1.83)	0					
Air Force Aviator under training	6	55%↑*	No (0.57, 3.38)	0					

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates: separation during initial training

In brief:

Females who served in the permanent forces and separated during initial training in Other ranks are 5.33 times (433%) (see Table 10 for notes) more likely to die by suicide than Australian females.

Females who served solely in the reserve forces and separated during Army soldier initial training are 3.25 times (225%) (see Table 10 for notes) more likely to die by suicide than Australian females.

Results

101. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rates for females who served in the permanent forces and separated during initial training in Other ranks is 5.33 times (433%) (see Table 10 for notes) higher than that of Australian females.
102. The suicide rates for females who served in the permanent forces and separated during Navy sailor initial training is 5.97 times (497%) (see Table 10 for notes) higher than that of Australian females.
103. The findings for initial training in females who served as officers, as presented below, have been suppressed due to small numbers.
104. The suicide rates for females who served solely in the reserve forces and separated during Army soldier initial training is 3.25 times (225%) (see Table 10 for notes) higher than that of Australian females.

Table 10 Comparative rates of suicide^(a), under training ex-serving females, 2001–2021^(b)

Female ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Officer under training	<5	n.p.	n.p.	0		
Army officer under training	0			0		
Navy officer under training	<5	n.p.	n.p.	0		
Air Force officer under training	<5	n.p.	n.p.	0		
Other ranks under training	10	433% ^{†*}	Yes (2.56,9.80)	7	258% ^{†*}	Yes (1.44,7.37)
Army Soldier under training	<5	n.p.	n.p.	6	225% ^{†*}	Yes (1.19,7.07)
Navy Sailor under training	5	497% ^{†*}	Yes (1.94,13.92)	0		
Air Force Aviator under training	<5	n.p.	n.p.	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.6 Trained Force

105. On graduation from their respective recruit or commissioning course and Initial Employment Training, members are referred to as 'Trained Force', are considered trained and can be utilised in their role or occupation.
106. Members of Trained Force undertake military service duties and obligations, pursue career paths, and experience exposure to ADF culture and time away from family, friends and support networks as part of their ADF life. This experience differs from that of members undertaking recruit or commissioning courses or Initial Employment Training.
107. This analysis is based on the scenario where an ex-serving member separated while part of Trained Force, and therefore experienced ADF service life. Trained Force members are presented in two broad groups: Trained Force officer and Trained Force 'Other ranks'.
108. **Trained Force officer:** Australian Navy officers, Australian Army officers and Royal Australian Air Force officers who separated while in Trained Force. For the purposes of this analysis, an ADF member who holds a rank of Midshipman or Officer Cadet, or higher, is a commissioned officer.
109. Trained officer can be further disaggregated into service categories:
 - **Trained Force Army officer:** Australian Army officers who separate while in Trained Force
 - **Trained Force Navy officer:** Australian Navy officers who separate while in Trained Force
 - **Trained Force Air Force officer:** Royal Australian Air Force officers who separate while in Trained Force.
110. The second broad Trained Force group is Trained Force 'Other ranks'.
111. **Other ranks Trained Force:** Australian Navy, Australian Army and Royal Australian Air Force non-officer members who separated while in Trained Force. For the purposes of this analysis, an ADF member who holds an equivalent rank to E00 (Recruit Seaman, Private, or Aircraftman) to E10 (Warrant Officer of the Navy, Regimental Sergeant Major of the Army, or Warrant Officer of the Air Force) is considered 'Other ranks'.
112. Trained Force other ranks can be further disaggregated into service categories:
 - **Trained Force Army soldier:** Australian Army other ranks who separate while in Trained Force
 - **Trained Force Navy sailor:** Australian Navy other ranks who separate while in Trained Force
 - **Trained Force Air Force aviator:** Royal Australian Air Force other ranks who separate while in Trained Force.

Male ex-serving suicide rates: Trained Force

In brief:

Males who served in the permanent forces as part of the Army Trained Force as soldiers or Navy Trained Force as sailors (graduated from initial training) are 86% and 46% more likely to die by suicide than Australian males.

In contrast, there is no statistically significant difference in the suicide rate for males who served in the permanent forces and separated during Air Force Trained Force as aviators.

This suggests that, once males who served in the permanent forces have graduated from initial training and begin military postings and deployments, Army soldiers and Navy Sailors are at-risk cohorts compared to Australian males.

Males who served solely in the reserve forces as part of the Army Trained Force as soldiers are 32% less likely to die by suicide than Australian males. This differs from the outcome observed for males who served in the permanent forces who are an at-risk cohort.

Results

113. Compared with the Australian male population (using SMRs to control for differences in age structures), the suicide rate for males who served in the permanent forces as part of the Army Trained Force as a soldier is 86% higher than that of Australian males.
114. The suicide rate for males who served in the permanent forces as part of the Navy Trained Force as a sailor is 46% higher than that of Australian males.
115. The suicide rate for males who served solely in the reserve forces as part of the Army Trained Force as a soldier is 32% lower than that of Australian males.
116. The rate of suicide for males who served in the permanent forces and separated as part of the Trained Force as an officer is 34% lower than that of Australian males.

Table 11 Comparative rates of suicide^(a), trained force ex-serving males, 2001–2021^(b)

Male ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Trained force officer						
Trained Force Army officer	28	34%↓	Yes (0.44,0.96)	6	69%↓*	Yes (0.11,0.68)
Trained Force Navy officer	14	5%↑**	No (0.57,1.75)	5	68%↓*	Yes (0.10,0.75)
Trained Force Air Force officer	8	31%↓*	No (0.30,1.36)	<5	n.p.	n.p.
Trained Force other ranks	6	65%↓*	Yes (0.13,0.75)	0		
Trained Force Army Soldier	269	52%↑	Yes (1.35,1.72)	35	31%↓	Yes (0.48,0.97)
Trained Force Navy Sailor	159	86%↑	Yes (1.58,2.17)	32	32%↓	Yes (0.47,0.96)
Trained Force Air Force Aviator	70	46%↑	Yes (1.13,1.84)	<5	n.p.	n.p.
	40	8%↓	No (0.66,1.25)	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates: Trained Force

In brief:

Females who served in the permanent forces as part of the Army Trained Force as a soldier (graduated from initial training) are 2.67 times (167%) (see Table 12 for notes) more likely to die by suicide than Australian females.

In contrast, there is no statistically significant difference in the suicide rate for females who served in the permanent forces as part of the Navy Trained Force as a sailor compared to Australian females.

Results

117. Compared with the Australian female population (using SMRs to control for differences in age structures), the suicide rates for females who served in the permanent forces as part of the Army Trained Force as a soldier is 2.67 times (167%) (see Table 12 for notes) higher than that of Australian females.
118. The findings for Trained Force in females who served solely in the reserve forces, as presented below, have been suppressed due to small numbers.

Table 12 Comparative rates of suicide^(a), trained force ex-serving females, 2001–2021^(b)

Female ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant(c) (CI)
Trained force officer	5	111% ^{†*}	No (0.68,4.92)	<5	n.p.	n.p.
Trained Force Army officer	<5	n.p.	n.p.	<5	n.p.	n.p.
Trained Force Navy officer	<5	n.p.	n.p.	0		
Trained Force Air Force officer	<5	n.p.	n.p.	0		
Trained force other ranks	15	64% ^{†*}	No (0.92,2.70)	<5	n.p.	n.p.
Trained Force Army Soldier	7	167% ^{†*}	Yes (1.08,5.51)	<5	n.p.	n.p.
Trained Force Navy Sailor	5	41% ^{†*}	No (0.46,3.29)	0		
Trained Force Air Force Aviator	<5	n.p.	n.p.	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.7 Occupational groups

119. Occupations within the ADF can be split into eight workforce skill segments, or occupational groups:

- **aviation:** roles that directly enable employment of aviation assets. The exception to this is aviation engineers, technicians and maintainers who are classified under the engineering, maintenance and construction workforce segment.
- **combat and security:** roles that employ the direct or indirect application of physical force. This segment also includes those roles which fill a security type function both domestically and operationally (e.g. military police).
- **communications and cyber:** roles that enable communication. This includes the security of friendly force communications as well as the exploitation of adversary communications (e.g. cyber).
- **engineering, maintenance and construction:** roles conducting engineering, design and compliance, maintenance and production, and vertical and horizontal construction. This segment applies to all types of engineering, maintenance and construction including those employed in support of aviation and communication functions.
- **enterprise and command support:** roles that enable personnel management, training, workforce planning, organisational administration, governance, and brand/reputation management that ultimately support command decisions. The segment also applies to senior officers, sailors, soldiers, and airmen/women who enable the strategic functioning of Defence.
- **health:** roles that directly support the provision of healthcare.
- **intelligence:** including roles that directly enable the collection, analysis and dissemination of military intelligence.
- **logistics:** roles that directly conduct the supply, distribution and storage of equipment within the Australian Defence Force.

120. The occupational group of members are reported in the below analysis as they were recorded at the point of separation.

Male ex-serving suicide rates by occupational group

In brief:

Males who served in the permanent forces in combat and security roles or logistics roles are 85% and 69% more likely, respectively, to die by suicide than Australian males.

In contrast, males who served solely in the reserve forces in combat and security or logistics roles are no more or less likely to die by suicide than Australian males.

Males who served in the permanent forces in aviation, intelligence or engineering, maintenance and construction roles are no more or less likely to die by suicide than Australian males.

Results

121. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males who served in the permanent forces in combat and security roles is 85% higher than that of Australian males. For those in logistics roles, the suicide rate for males who served in the permanent forces is 69% higher than that of Australian males.
122. The rate of suicide for males who served solely in the reserve forces in combat and security roles or logistics roles, is similar to or lower than that of Australian males.
123. The rates of suicide for males who served in the permanent forces in health or communications and cyber roles is 51% and 52% higher (see Table 13 for notes), respectively, than those of Australian males, although this difference is not statistically significant.
124. Other occupational groups of ex-serving males who served in the permanent forces were not found to be at risk.

Table 13 Comparative rates of suicide^(a), ex-serving males, by occupational group, 2001–2021^(b)

Male ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Aviation	7	43%↓*	No (0.23, 1.17)	0		
Combat and Security	146	85%↑	Yes (1.57, 2.18)	48	13%↓	No (0.64, 1.15)
Communications and Cyber	19	52%↑*	No (0.92, 2.37)	<5	n.p.	n.p.
Engineering, Maintenance and Construction	82	9%↑	No (0.86, 1.35)	<5	n.p.	n.p.
Enterprise and Command Support	36	21%↑	No (0.85, 1.67)	11	53%↓*	Yes (0.23, 0.84)
Health	13	51%↑*	No (0.80, 2.58)	5	3%↓*	No (0.32, 2.27)
Intelligence	6	17%↓*	No (0.31, 1.81)	0		
Logistics	64	69%↑	Yes (1.30, 2.16)	7	43%↓*	No (0.23, 1.17)

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by occupational group

In brief:

Females who served in the permanent forces in combat and security roles or health roles are 5.52 times (452%) (see Table 14 for notes) and 3.12 times (212%) (see Table 14 for notes) more likely, respectively, to die by suicide than Australian females.

Results

125. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rate for females who served in the permanent forces in combat and security roles is 5.52 times (452%) (see Table 14 for notes) higher than that of Australian females.
126. For those in health roles, the suicide rate for females who served in the permanent forces is 3.12 times (212%) (see Table 14 for notes) higher than that of Australian females. While the suicide count is fewer than five people and has been suppressed, and thus the results are not presented elsewhere in this analysis, we note that four out of six suicide deaths in this cohort occurred for females who served in the permanent forces in health roles and separated during officer training.
127. The rate of suicide for females who served in the permanent forces in logistics roles is 2.01 times (101%) (see Table 14 for notes) higher, although this difference is not statistically significant.
128. The findings for occupational groups in females who served solely in the reserve forces, as presented below, have been suppressed due to small numbers.

Table 14 Comparative rates of suicide^(a), ex-serving females, by occupational group, 2001–2021^(b)

Female ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Aviation	<5	n.p.	n.p.	0		
Combat and Security	8	452% ^{†*}	Yes (2.38, 10.87)	<5	n.p.	n.p.
Communications and Cyber	<5	n.p.	n.p.	<5	n.p.	n.p.
Engineering, Maintenance and Construction	<5	n.p.	n.p.	0		
Enterprise and Command Support	6	48% ^{†*}	No (0.54, 3.23)	<5	n.p.	n.p.
Health	6	212% ^{†*}	Yes (1.14, 6.78)	<5	n.p.	n.p.
Intelligence	<5	n.p.	n.p.	0		
Logistics	7	101% ^{†*}	No (0.81, 4.13)	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.8 Combat and security roles by service characteristics

129. This section presents rates of suicide by different service characteristics for the occupational group: combat and security.

Male ex-serving suicide rates by service characteristic: combat and security roles

In brief:

The groups particularly at risk among males who served in the permanent forces in combat and security roles are in the Army, with warlike or non-warlike operational service, who separated during Army initial training, in Army or Navy Trained Force, or who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest'.

Males who served in the permanent forces in combat and security roles in the Army are 2.12 times (112%) more likely to die by suicide compared to Australian males.

Males who served in the permanent forces in combat and security roles who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest' are 3.55 times (255%) and 3.57 times (257%) more likely to die by suicide, respectively, than Australian males.

Males who served in the permanent forces in combat and security roles with warlike and non-warlike operational service are 2.08 times (108%) and 2.16 times (116%) (see Table 15 for notes) more likely to die by suicide compared to Australian males.

This differs from the outcome observed for current serving males in the permanent forces: males serving in the permanent forces in combat and security roles with warlike or non-warlike operational experience are not an at-risk cohort when compared to Australian males. This suggests that some impact related to deployment to a warlike or non-warlike conflict zone may not manifest until after separation.

Males who served in the permanent forces in combat and security roles and separated during Army initial training as a soldier are 2.70 times (170%) more likely to die by suicide, compared to Australian males. In contrast, there are no statistically significant differences in the suicide rates for males who served in the permanent forces in combat and security roles and separated during Navy initial training as a sailor or Air Force initial training as an aviator. This suggests that, during initial training, males who served in the permanent forces in combat and security roles and in the Army are an at-risk cohort when compared to Australian males.

Males who served in the permanent forces in combat and security roles, either as soldiers of the Army Trained Force (graduated from initial training) or sailors of the Navy Trained Force, are 2.17 times (117%) and 95% more likely, respectively, to die by suicide compared to Australian. This suggests that, once males who served in the permanent forces in combat and security roles have graduated from initial training and begin military postings and deployments, Army soldiers and Navy Sailors are at-risk cohorts when compared to Australian males.

In contrast, when disaggregated by the various service characteristics, ex-serving males who served solely in the reserve forces in combat and security roles are no more or less likely, or less likely, to die by suicide than Australian males.

Results

130. Compared with the Australian male population (using SMRs to control for differences in age distributions), and as presented in Table 15, the suicide rate for males who served in the permanent forces in combat and security roles is 85% higher than that of Australian males.
131. The suicide rate for males who served in the permanent forces in combat and security roles in the Army is 2.12 times (112%) higher than that of Australian males.
132. The suicide rate for males who served in the permanent forces in combat and security roles with warlike operational service is 2.08 times (108%) higher than that of Australian males. The suicide rate for those with non-warlike operational service is 2.16 times (116%) (see Table 15 for notes) higher than that of Australian males.
133. The suicide rate for males who served in the permanent forces in combat and security roles and separated involuntarily for medical reasons is 3.55 times (255%) higher than that of Australian males, and for males who served in the permanent forces and separated involuntarily for the reason 'retention-not-in-service-interest' it is 3.57 times (257%) higher.
134. The suicide rate for males who served in the permanent forces in combat and security roles and separated during Army initial training is 2.70 times (170%) higher than that of Australian males.
135. The suicide rate for males who served in the permanent forces as part of the Army Trained Force as a soldier is 2.17 times (117%) higher than that of Australian males. The suicide rate for males who served in the permanent forces as part of the Navy Trained Force as a sailor is 95% higher than that of Australian males.
136. The rates of suicide for males who served solely in the reserve forces in combat and security roles, when disaggregated by the various service characteristics and as presented below, are similar or lower to those of Australian males and/or there is no statistically significant difference as measured by the age-adjusted suicide rate.

Table 15 Comparative rates of suicide^(a), ex-serving males, by service characteristics: combat and security roles 2001-2021

	Ex-serving permanent forces			Ex-serving Reserve only service		
Male ex-serving Combat and security Service ^(c)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Navy	26	38%↑	No (0.90,2.02)	<5	n.p.	n.p.
Army	114	112%↑	Yes (1.75,2.55)	45	15%↓	No (0.62,1.14)
RAAF	6	2%↓*	No (0.36,2.13)	<5	n.p.	n.p.
Separation reason ^(c)						
Voluntary Resignation	50	28%↑	No (0.95,1.69)	18	37%↓*	Yes (0.37,0.99)
Voluntary withdrawal within 90 days of enlistment	<5	n.p.	n.p.	0		
Voluntary other	<5	n.p.	n.p.	<5	n.p.	n.p.
Involuntary medical	39	255%↑	Yes (2.52,4.85)	<5	n.p.	n.p.
Involuntary Retention not in service interest	33	257%↑	Yes (2.46,5.01)	6	2%↓*	No (0.36,2.13)
Involuntary in Absence	<5	n.p.	n.p.	12	9%↑*	No (0.56,1.90)
Involuntary Discipline	<5	n.p.	n.p.	0		
Involuntary Other	5	74%↑*	No (0.57,4.06)	<5	n.p.	n.p.
Contractual/Administrative change	5	18%↓*	No (0.26,1.90)	<5	n.p.	n.p.

Male ex-serving Combat and security	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Deployment (trained force) ^(c)						
Warlike operational service	57	108%↑	Yes (1.58,2.70)	<5	n.p.	n.p.
Non-warlike operational service	12	116%↑*	Yes (1.11,3.77)	<5	n.p.	n.p.
Peacetime operational service only	9	75%↑*	No (0.80,3.32)	0		
Enlistment age ^(c)						
16 - 17	25	45%↑	No (0.94,2.14)	5	46%↓*	No (0.17,1.26)
18 - 20	62	74%↑	Yes (1.34,2.23)	19	12%↓*	No (0.53,1.37)
21 - 24	39	153%↑	Yes (1.80,3.46)	8	30%↓*	No (0.30,1.38)
25 - 29	12	88%↑*	No (0.97,3.29)	10	44%↑*	No (0.69,2.65)
30 - 34	6	214%↑*	Yes (1.15,6.83)	<5	n.p.	n.p.
35 - 39	0			<5	n.p.	n.p.
40+	0			<5	n.p.	n.p.
Under training ^(c)						
Officer under training	0			0		
Army officer under training	0			0		
Navy officer under training	0			0		
Air Force officer under training	0			0		
Other ranks under training	32	135%↑	Yes (1.61,3.32)	19	19%↑*	No (0.71,1.85)
Army Soldier under training	27	170%↑	Yes (1.78,3.93)	19	24%↑*	No (0.74,1.93)

Male ex-serving Combat and security	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Navy Sailor under training	<5	n.p.	n.p.	0		
Air Force Aviator under training	<5	n.p.	n.p.	0		
Trained force^(c)						
Trained force officer						
Trained Force Army officer	<5	n.p.	n.p.	<5	n.p.	n.p.
Trained Force Navy officer	<5	n.p.	n.p.	<5	n.p.	n.p.
Trained Force Air Force officer	0			0		
Trained force other ranks	110	101%↑	Yes (1.65,2.42)	26	15%↓	No (0.56,1.25)
Trained Force Army Soldier	84	117%↑	Yes (1.73,2.69)	24	19%↓	No (0.52,1.21)
Trained Force Navy Sailor	22	95%↑	Yes (1.22,2.95)	<5	n.p.	n.p.
Trained Force Air Force Aviator	<5	n.p.	n.p.	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(c) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

Female ex-serving suicide rates by service characteristic: combat and security roles

In brief:

The group particularly at risk among females who served in the permanent forces in combat and security roles are in the Navy, who are 5.34 times (434%) (see Table 16 for notes) more likely to die by suicide compared to Australian females.

Results

137. Compared with the Australian female population (using SMRs to control for differences in age distributions), and as presented in Table 16, the suicide rates for females who served in the permanent forces in combat and security roles is 5.52 times (452%) (see Table 14 for notes) higher than that of Australian females.
138. The suicide rate for females who served in the permanent forces in Navy combat and security roles is 5.34 times (434%) (see Table 16 for notes) higher than that of Australian females.
139. The findings for females who served solely in the reserve forces in combat and security roles, as presented below, have been suppressed due to small numbers.

Table 16 Comparative rates of suicide^(a), ex-serving females, by service characteristics: combat and security roles

Female ex-serving Combat and security	Ex-serving permanent forces				Ex-serving Reserve only service		
	Service ^(c)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
	Navy	6	434% [†] *	Yes (1.96, 11.63)	0		
	Army	<5	n.p.	n.p.	<5	n.p.	n.p.
	RAAF	<5	n.p.	n.p.	0		
	Separation reason^(c)						
	Voluntary Resignation	<5	n.p.	n.p.	0		
	Voluntary withdrawal within 90 days of enlistment	0			0		
	Voluntary other	0			<5	n.p.	n.p.
	Involuntary medical	<5	n.p.	n.p.	0		
	Involuntary Retention not in service interest	<5	n.p.	n.p.	0		
	Involuntary in Absence	0			<5	n.p.	n.p.
	Involuntary Discipline	0			0		
	Involuntary Other	<5	n.p.	n.p.	0		
	Contractual/Administrative change	0			0		

Female ex-serving Combat and security	Ex-serving permanent forces				Ex-serving Reserve only service			
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)		Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	
Deployment (trained force)^(c)								
Warlike operational service	<5	n.p.	n.p.		0			
Non-warlike operational service	0				0			
Peacetime operational service only	0				0			
Enlistment age^(c)								
16 - 17	<5	n.p.	n.p.		0			
18 - 20	<5	n.p.	n.p.		<5	n.p.	n.p.	
21 - 24	<5	n.p.	n.p.		<5	n.p.	n.p.	
25 - 29	<5	n.p.	n.p.		0			
30 - 34	0				0			
35 - 39	0				0			
40+	<5	n.p.	n.p.		0			
Under training^(c)								
Officer under training	<5	n.p.	n.p.		0			
Army officer under training	0				0			
Navy officer under training	<5	n.p.	n.p.		0			
Air Force officer under training	0				0			
Other ranks under training	<5	n.p.	n.p.		<5	n.p.	n.p.	
Army Soldier under training	<5	n.p.	n.p.		<5	n.p.	n.p.	
Navy Sailor under training	<5	n.p.	n.p.		0			
Air Force Aviator under training	0				0			

	Ex-serving permanent forces			Ex-serving Reserve only service		
Female ex-serving Combat and security	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Trained force ^(c)						
Trained Force officer	0			0		
Trained Force Army officer	0			0		
Trained Force Navy officer	0			0		
Trained Force Air Force officer	0			0		
Trained Force other ranks	<5	n.p.	n.p.	<5	n.p.	n.p.
Trained Force Army Soldier	0			<5	n.p.	n.p.
Trained Force Navy Sailor	<5	n.p.	n.p.	0		
Trained Force Air Force Aviator	<5	n.p.	n.p.	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '**' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(c) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

6.9 Logistics roles by service characteristics

140. This section presents rates of suicide by different service characteristics for the occupational group: logistics.

Male ex-serving suicide rates by service characteristic: logistics roles

In brief:

The group particularly at risk among males who served in the permanent forces in logistics roles are in the Army and Navy, who separated as part of the Trained Force and who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest'.

In particular, males serving in the permanent forces in logistics roles and who separated as sailors of the Navy Trained Force are 2.39 times (139%) (see Table 17 for notes) more likely to die by suicide compared to Australian males. Those who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest' are 3.04 times (204%) (see Table 17 for notes) and 4.93 times (393%) (see Table 17 for notes) more likely, respectively, to die by suicide than Australian males.

Results

141. Compared with the Australian male population (using SMRs to control for differences in age distributions), and as presented in Table 17, the suicide rate for males who served in the permanent forces in logistics roles is 69% higher than that of Australian males.
142. The suicide rates for males who served in the permanent forces in Army or Navy logistics roles are 74% and 88% (see Table 17 for notes) higher, respectively, than those of Australian males.
143. The suicide rate for males who served in the permanent forces in logistics roles and separated involuntarily for medical reasons is 3.04 times (204%) (see Table 17 for notes) higher than that of Australian males, and for those who separated involuntarily for the reason 'retention-not-in-service-interest' it is 4.93 times (393%) (see Table 17 for notes) higher.
144. The suicide rate for males who served in the permanent forces in logistics roles and separated as sailors of the Navy Trained Force is 2.39 times (139%) (see Table 17 for notes) higher than that of Australian males. The suicide rate for those who separated as soldiers of the Army Trained Force is 68% higher than that of Australian males.
145. The suicide rate for males who served in the permanent forces in logistics and separated during their initial training, as presented below, have been suppressed due to small numbers or the rates are similar to those of Australian males and/or there is no statistically significant difference as measured by the age-adjusted suicide rate.
146. The rates of suicide for males who served solely in the reserve forces in logistics roles, when disaggregated by the various service characteristics and as presented below, have been suppressed due to small numbers or the rates are similar to those of Australian males and/or there is no statistically significant difference as measured by the age-adjusted suicide rate.

Table 17 Comparative rates of suicide^(a), ex-serving males, by service characteristics: logistics roles

Male ex-serving Logistics	Ex-serving permanent forces				Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)		Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Service^(c)							
Navy	13	88% ^{†*}	Yes (1.00,3.22)		0		
Army	41	74% [†]	Yes (1.25,2.36)		7	40% ^{↓*}	No (0.24, 1.24)
Air Force	10	35% ^{†*}	No (0.65,2.48)		0		
Separation reason^(c)							
Voluntary Resignation	18	5% ^{↓*}	No (0.56,1.50)		<5	n.p.	n.p.
Voluntary withdrawal within 90 days of enlistment	<5	n.p.	n.p.		0		
Voluntary other	<5	n.p.	n.p.		0		
Involuntary medical	16	204% ^{†*}	Yes (1.74,4.94)		<5	n.p.	n.p.
Involuntary Retention not in service interest	18	393% ^{†*}	Yes (2.92,7.79)		<5	n.p.	n.p.
Involuntary in Absence	<5	n.p.	n.p.		<5	n.p.	n.p.
Involuntary Discipline	0				0		
Involuntary Other	<5	n.p.	n.p.		0		
Contractual/Administrative change	<5	n.p.	n.p.		0		
Deployment (trained force)^(c)							
Warlike operational service	16	40% ^{†*}	No (0.80,2.28)		<5	n.p.	n.p.
Non-warlike operational service	<5	n.p.	n.p.		0		
Peacetime operational experience	<5	n.p.	n.p.		0		

Male ex-serving Logistics	Ex-serving permanent forces				Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)		Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Enlistment age^(c)							
16 - 17	8	10%↓*	No (0.39,1.76)		<5	n.p.	n.p.
18 - 20	24	58%↑	Yes (1.01,2.35)		<5	n.p.	n.p.
21 - 24	14	111%↑*	Yes (1.15,3.53)		<5	n.p.	n.p.
25 - 29	10	171%↑*	Yes (1.30,4.98)		0		
30 - 34	<5	n.p.	n.p.		<5	n.p.	n.p.
35 - 39	<5	n.p.	n.p.		<5	n.p.	n.p.
40+	<5	n.p.	n.p.		0		
Under training^(c)							
Officer under training	<5	n.p.	n.p.		0		
Army officer under training	0				0		
Navy officer under training	<5	n.p.	n.p.		0		
Air Force officer under training	0				0		
Other ranks under training	7	75%↑*	No (0.70,3.60)		<5	n.p.	n.p.
Army Soldier under training	6	120%↑*	No (0.81,4.79)		<5	n.p.	n.p.
Navy Sailor under training	0				0		
Air Force Aviator under training	<5	n.p.	n.p.		0		

Male ex-serving Logistics	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Trained force^(c)						
Trained Force officer	<5	n.p.	n.p.	<5	n.p.	n.p.
Trained Force Army officer	<5	n.p.	n.p.	<5	n.p.	n.p.
Trained Force Navy officer	0			0		
Trained Force Air Force officer	<5	n.p.	n.p.	0		
Trained Force other ranks	52	76% [↑]	Yes (1.32,2.31)	<5	n.p.	n.p.
Trained Force Army Soldier	32	68% [↑]	Yes (1.15,2.37)	<5	n.p.	n.p.
Trained Force Navy Sailor	12	139% ^{↑*}	Yes (1.23,4.17)	0		
Trained Force Air Force Aviator	8	49% ^{↑*}	No (0.64,2.93)	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(c) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

Female ex-serving suicide rates by service characteristic: logistics roles

In brief:

The group particularly at risk among females who served in the permanent forces in logistics roles are in the Army.

Females serving in the permanent forces in Army logistics roles are 3.63 times (263%) (see Table 18 for notes) more likely to die by suicide compared to Australian females.

Results

147. Compared with the Australian female population (using SMRs to control for differences in age distributions), and as presented in Table 18, the suicide rate for females who served in the permanent forces in logistics roles is 2.01 times (101%) (see Table 18 for notes) higher than that of Australian females, although this difference is not statistically significant.
148. The suicide rate for females who served in the permanent forces in Army logistics roles is 3.63 times (263%) (see Table 18 for notes) higher than that of Australian females.
149. The findings for females who served solely in the reserve forces in logistics roles, as presented below, have been suppressed due to small numbers.

Table 18 Comparative rates of suicide^(a), ex-serving females, by service characteristics: logistics roles

	Ex-serving permanent forces				Ex-serving Reserve only service		
Female ex-serving Logistics	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	
Service^(c)							
Navy	<5	n.p.	n.p.	0			
Army	5	263% ^{†*}	Yes (1.18,8.46)	<5	n.p.	n.p.	
Air Force	<5	n.p.	n.p.	<5	n.p.	n.p.	
Separation reason^(c)							
Voluntary Resignation	<5	n.p.	n.p.	<5	n.p.	n.p.	
Voluntary withdrawal within 90 days of enlistment	<5	n.p.	n.p.	0			
Voluntary other	0			0			
Involuntary medical	<5	n.p.	n.p.	<5	n.p.	n.p.	
Involuntary Retention not in service interest	0			0			
Involuntary in Absence	0			0			
Involuntary Discipline	0			0			
Involuntary Other	0			0			
Contractual/Administrative change	0			0			
Deployment (trained force)^(c)							
Warlike operational service	<5	n.p.	n.p.	<5	n.p.	n.p.	
Non-warlike operational service	0			0			
Peacetime operational experience	0			0			

Female ex-serving Logistics	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Enlistment age^(c)						
16 - 17	<5	n.p.	n.p.	0		
18 - 20	<5	n.p.	n.p.	<5	n.p.	n.p.
21 - 24	<5	n.p.	n.p.	0		
25 - 29	<5	n.p.	n.p.	<5	n.p.	n.p.
30 - 34	0			<5	n.p.	n.p.
35 - 39	0			0		
40+	0			0		
Under training^(c)						
Officer under training	0			0		
Army officer under training	0			0		
Navy officer under training	0			0		
Air Force officer under training	0			0		
Other ranks under training	<5	n.p.	n.p.	<5	n.p.	n.p.
Army Soldier under training	<5	n.p.	n.p.	<5	n.p.	n.p.
Navy Sailor under training	0			0		
Air Force Aviator under training	0			<5	n.p.	n.p.

Female ex-serving Logistics	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Trained force^(c)						
Trained Force officer	0			0		
Trained Force Army officer	0			0		
Trained Force Navy officer	0			0		
Trained Force Air Force officer	0			0		
Trained Force other ranks	5	98%†*	No (0.64, 4.62)	<5	n.p.	n.p.
Trained Force Army Soldier	<5	n.p.	n.p.	<5	n.p.	n.p.
Trained Force Navy Sailor	<5	n.p.	n.p.	0		
Trained Force Air Force Aviator	<5	n.p.	n.p.	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(c) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

6.10 Engineering, maintenance and construction roles by service characteristics

150. This section presents rates of suicide by different service characteristics for the occupational group: engineering, maintenance and construction.

Male ex-serving suicide rates by service characteristic: engineering, maintenance and construction roles

In brief:

The group particularly at risk among males who served in the permanent forces in engineering, maintenance and construction roles are those who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest'.

Males who served in the permanent forces in engineering, maintenance and construction roles and separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest' are 2.56 times 156% (see Table 19 for notes) and 2.28 times (128%) (see Table 19 for notes) more likely, respectively, to die by suicide than Australian males.

Results

151. Compared with the Australian male population (using SMRs to control for differences in age distributions), and as presented in Table 19, the suicide rate for males who served in the permanent forces in engineering, maintenance and construction roles is 9% higher than that of Australian males, although this difference is not statistically significant.
152. The suicide rate for males who served in the permanent forces in engineering, maintenance and construction roles and separated involuntarily for medical reasons is 2.56 times (156%) (see Table 19 for notes) higher than that of Australian males, and for those who separated involuntarily for the reason 'retention-not-in-service-interest', it is 2.28 times (128%) (see Table 19 for notes) higher.
153. The rates of suicide for males who served in the permanent forces in engineering, maintenance and construction roles, when disaggregated by the other various service characteristics and as presented below, are similar to those of Australian males and/or there is no statistically significant difference as measured by the age-adjusted suicide rate.
154. The rates of suicide for males who served solely in the reserve forces in engineering, maintenance and construction roles, when disaggregated by the various service characteristics and as presented below, have been suppressed due to small numbers or the rates are similar to those of Australian males and/or there is no statistical difference between them as measured by the age-adjusted suicide rate.

Table 19 Comparative rates of suicide^(a), ex-serving males, by service characteristics: engineering, maintenance and construction roles

	Ex-serving permanent forces				Ex-serving Reserve only service		
Male ex-serving Engineering, maintenance and construction	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	
Service ^(c)							
Navy	30	7%↑	No (0.72,1.52)	0			
Army	22	37%↑	No (0.86,2.07)	<5	n.p.	n.p.	
RAAF	29	7%↓	No (0.62,1.33)	0			
Separation reason ^(c)							
Voluntary Resignation	40	5%↑	No (0.75,1.43)	<5	n.p.	n.p.	
Voluntary withdrawal within 90 days of enlistment	<5	n.p.	n.p.	0			
Voluntary other	<5	n.p.	n.p.	0			
Involuntary medical	15	156%↑*	Yes (1.43,4.23)	0			
Involuntary Retention not in service interest	9	128%↑*	Yes (1.04,4.32)	0			
Involuntary in Absence	<5	n.p.	n.p.	<5	n.p.	n.p.	
Involuntary Discipline	0			0			
Involuntary Other	<5	n.p.	n.p.	0			
Contractual/Administrative change	<5	n.p.	n.p.	0			
Deployment (trained force) ^(c)							
Warlike operational service	19	21%↑*	No (0.73,1.90)	0			
Non-warlike operational service	8	62%↑*	No (0.70,3.19)	0			
Peacetime operational experience	<5	n.p.	n.p.	0			

		Ex-serving permanent forces			Ex-serving Reserve only service		
Male ex-serving Engineering, maintenance and construction		Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Enlistment age^(e)							
16 - 17		27	13%↑	No (0.75,1.65)	<5	n.p.	n.p.
18 - 20		34	25%↑	No (0.87,1.75)	<5	n.p.	n.p.
21 - 24		8	33%↓*	No (0.29,1.31)	0		
25 - 29		8	42%↑*	No (0.61,2.79)	0		
30 - 34		<5	n.p.	n.p.	0		
35 - 39		<5	n.p.	n.p.	0		
40+		0			0		
Under training^(e)							
Officer under training		<5	n.p.	n.p.	0		
Army officer under training		0			0		
Navy officer under training		<5	n.p.	n.p.	0		
Air Force officer under training		<5	n.p.	n.p.	0		
Other ranks under training		11	14%↑*	No (0.57,2.03)	<5	n.p.	n.p.
Army Soldier under training		<5	n.p.	n.p.	<5	n.p.	n.p.
Navy Sailor under training		<5	n.p.	n.p.	0		
Air Force Aviator under training		<5	n.p.	n.p.	0		

Male ex-serving Engineering, maintenance and construction	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Trained force^(c)						
Trained Force officer	<5	n.p.	n.p.	0		
Trained Force Army officer	<5	n.p.	n.p.	0		
Trained Force Navy officer	<5	n.p.	n.p.	0		
Trained Force Air Force officer	<5	n.p.	n.p.	0		
Trained Force other ranks	64	14%↑	No (0.88, 1.46)	0		
Trained Force Army Soldier	16	51%↑*	No (0.86, 2.45)	0		
Trained Force Navy Sailor	24	14%↑	No (0.73, 1.69)	0		
Trained Force Air Force Aviator	23	6%↓	No (0.60, 1.41)	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(c) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

Female ex-serving suicide rates by service characteristic: engineering, maintenance and construction roles

155. The findings for females who served in the permanent forces in engineering, maintenance and construction roles, as presented below, have been suppressed due to small numbers.
156. No deaths by suicide have been recorded for females who served solely in the reserve forces in engineering, maintenance and construction roles from 2001 to 2021.

Table 20 Comparative rates of suicide^(a), ex-serving females, by service characteristics: engineering, maintenance and construction roles

Female ex-serving Engineering, maintenance and construction	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Service^(e)						
Navy	<5	n.p.	n.p.	0		
Army	0			0		
Air Force	0			0		
Separation reason^(c)						
Voluntary Resignation	0			0		
Voluntary withdrawal within 90 days of enlistment	0			0		
Voluntary other	0			0		
Involuntary medical	<5	n.p.	n.p.	0		
Involuntary Retention not in service interest	0			0		
Involuntary in Absence	0			0		
Involuntary Discipline	0			0		
Involuntary Other	0			0		
Contractual/Administrative change	0			0		
Deployment (trained force)^(e)						
Warlike operational service	0			0		
Non-warlike operational service	0			0		
Peacetime operational experience	0			0		

Female ex-serving Engineering, maintenance and construction	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Enlistment age^(c)						
16 - 17	0			0		
18 - 20	<5	n.p.	n.p.	0		
21 - 24	0			0		
25 - 29	0			0		
30 - 34	0			0		
35 - 39	0			0		
40+	0			0		
Under training^(c)						
Officer under training	0			0		
Army officer under training	0			0		
Navy officer under training	0			0		
Air Force officer under training	0			0		
Other ranks under training	<5	n.p.	n.p.	0		
Army Soldier under training	0			0		
Navy Sailor under training	<5	n.p.	n.p.	0		
Air Force Aviator under training	0			0		

Female ex-serving Engineering, maintenance and construction	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Trained force^(c)						
Trained Force officer	0			0		
Trained Force Army officer	0			0		
Trained Force Navy officer	0			0		
Trained Force Air Force officer	0			0		
Trained Force other ranks	0			0		
Trained Force Army Soldier	0			0		
Trained Force Navy Sailor	0			0		
Trained Force Air Force Aviator	0			0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '**' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(c) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

6.11 Enterprise and command support roles by service characteristics

157. This section presents rates of suicide by different service characteristics for the occupational group: enterprise and command support.
158. Due to small numbers, only the rates of suicide for males who served in the permanent forces in enterprise and command support roles are presented, and only for the service characteristics: service, initial training and Trained Force.

Male ex-serving suicide rates by service characteristic: enterprise and command support roles

In brief:

The group particularly at risk among males who served in the permanent forces in enterprise and command support roles are soldiers who separated during Army initial training.

Males who served in the permanent forces in enterprise and command support roles and separated during Army initial training as a soldier are 2.77 times (177%) (see Table 21 for notes) more likely to die by suicide than Australian males. This suggests that, during initial training, males who served in the permanent forces in enterprise and command support roles and in the Army are an at-risk cohort when compared to Australian males.

Males serving in the permanent forces in enterprise and command support roles and who separated as part of the Trained Force as a Navy officer are 2.56 times (156%) (see Table 21 for notes) more likely to die by suicide compared to Australian males, although there is no statistically significant difference compared to the Australian population. In contrast, and as presented in Table 21, the suicide rate for males who served in the permanent forces and separated as part of the Trained Force as an officer (which includes all operational groups) is 34% lower than that of Australian males.

Results

159. Compared with the Australian male population (using SMRs to control for differences in age distributions), and as presented in Table 21, the suicide rate for males who served in the permanent forces in enterprise and command support roles is 21% higher than that of Australian males, although this difference is not statistically significant.
160. The suicide rate for males who served in the permanent forces in enterprise and command support roles and separated during Army initial training as a soldier is 2.77 times (177%) (see Table 21 for notes) higher than that of Australian males.
161. The suicide rate for males who served in the permanent forces in enterprise and command support roles and separated as part of the Trained Force as a Navy officer is 2.56 times (156%) (see Table 21 for notes) higher than that of Australian males, though this difference is not statistically significant.

Table 21 Comparative rates of suicide^(a), ex-serving males, by service characteristics: enterprise and command support roles

Male ex-serving Enterprise and command support roles	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant(c) (CI)
Service^(c)						
Navy	11	37% ^{†*}	No (0.69,2.46)	0		
Army	21	48% [†]	No (0.92,2.27)	10	52% ^{↓*}	Yes (0.23,0.89)
Air Force	<5	n.p.	n.p.	<5	n.p.	n.p.
Under training^(c)						
Officer under training	<5	n.p.	n.p.	<5	n.p.	n.p.
Army officer under training	<5	n.p.	n.p.	<5	n.p.	n.p.
Navy officer under training	0			0		
Air Force officer under training	0			0		
Other ranks under training	13	146% ^{†*}	Yes (1.31,4.20)	9	25% ^{↓*}	No (0.34,1.42)
Army Soldier under training	13	177% ^{†*}	Yes (1.47,4.73)	9	23% ^{↓*}	No (0.35,1.46)
Navy Sailor under training	0			0		
Air Force Aviator under training	0			0		
Trained force^(c)						
Trained Force officer	6	2% ^{†*}	No (0.38,2.22)	0		
Trained Force Army officer	0			0		
Trained Force Navy officer	5	156% ^{†*}	No (0.83,5.98)	0		
Trained Force Air Force officer	<5	n.p.	n.p.	0		

Male ex-serving Enterprise and command support roles	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant(c) (CI)
Trained Force other ranks	15	3%†*	No (0.58,1.70)	<5	n.p.	n.p.
Trained Force Army Soldier	6	40%†*	No (0.51,3.04)	0		
Trained Force Navy Sailor	6	9%†*	No (0.40,2.36)	0		
Trained Force Air Force Aviator	<5	n.p.	n.p.	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(c) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

6.12 Health roles by service characteristics

162. This section presents rates of suicide by different service characteristics for the occupational group: health. Due to small numbers, only the rates of suicide for males who served in the permanent forces in health roles are presented, and only for the service characteristics: service, initial training and Trained Force.
163. In addition, the suicide counts for the remaining occupational groups, when disaggregated by the various service characteristics, are insufficient to draw statistically significant conclusions.

Male ex-serving suicide rates by service characteristic: health roles

In brief:

There is only one group of note among males who served in the permanent forces in health roles.

Males serving in the permanent forces in health roles and who separated as soldiers of the Army Trained Force are 2.52 times (152%) (see Table 22 for notes) more likely to die by suicide compared to Australian males.

This cohort is therefore of concern, with some factors related to separating during Army initial training in health roles resulting in higher rates of suicide in a cohort otherwise not at risk of higher rates of suicide when compared to Australian males.

Results

164. Compared with the Australian male population (using SMRs to control for differences in age distributions), and as presented in Table 22, the suicide rate for males who served in the permanent forces in health roles is 51% (see Table 22 for notes) higher than that of Australian males, although this difference is not statistically significant.
165. The suicide rate for males who served in the permanent forces in health roles and separated as soldiers of the Army Trained Force is 2.52 times (152%) (see Table 22 for notes) higher than that of Australian males.
166. The rates of suicide for males serving in the permanent forces in health roles, when disaggregated by the other various service characteristics, and as presented below, have been suppressed due to small numbers.

Table 22 Comparative rates of suicide^(a), ex-serving males, by service characteristics: health

	Ex-serving permanent forces			Ex-serving Reserve only service		
Male ex-serving Health	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Service^(c)						
Navy	<5	n.p.	n.p.	0		
Army	9	107% ^{†*}	No (0.95,3.94)	5	12% ^{†*}	No (0.36,2.60)
Air Force	<5	n.p.	n.p.	0		
Under training^(c)						
Officer under training	0			0		
Army officer under training	0			0		
Navy officer under training	0			0		
Air Force officer under training	0			0		
Other ranks under training	<5	n.p.	n.p.	<5	n.p.	n.p.
Army Soldier under training	<5	n.p.	n.p.	<5	n.p.	n.p.
Navy Sailor under training	0			0		
Air Force Aviator under training	0			0		
Trained force^(c)						
Trained Force officer	<5	n.p.	n.p.	<5	n.p.	n.p.
Trained Force Army officer	<5	n.p.	n.p.	<5	n.p.	n.p.
Trained Force Navy officer	<5	n.p.	n.p.	0		
Trained Force Air Force officer	<5	n.p.	n.p.	0		

Male ex-serving Health	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Trained Force other ranks	8	61% ^{†*}	No (0.70,3.17)	<5	n.p.	n.p.
Trained Force Army Soldier	7	152% ^{†*}	Yes (1.01,5.18)	<5	n.p.	n.p.
Trained Force Navy Sailor	0			0		
Trained Force Air Force Aviator	<5	n.p.	n.p.	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(c) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

6.13 Occupation

167. In the ADF a variety of professions and trades are filled by serving members. In this report, 'occupation' describes the job an ADF member was assigned when separating (discharging) from the ADF.

168. Only occupations with suicide counts of five or more are listed:

- **Aircraft Technician:** an Air Force engineering, maintenance and construction role, responsible for the ongoing maintenance of aircraft, airframe systems, engines, and engine systems at either flightline or workshop level, as well as having the opportunity to undertake flightline operations, including launching and recovery of aircraft.
- **Artillery Operator** (Artillery Gunner): an Army combat and security role, members of the Royal Regiment of Australian Artillery (RAA) operate Artillery Gun / Howitzer equipment in an Offensive Support unit. The role of the Artillery Gunner is also to conduct local defence of the gun position reacting to threats from Infantry, Armour, Air or a combination of all.
- **Boatswain's Mate** (Seamanship and Small Arms Specialist): a Navy combat and security role, specialises in small arms and close-range weapons, small boats and ships, maintenance of the ship and ensures the smooth day-to-day security, safety, maintenance and operations of the ship.
- **Cavalryman:** an Army combat and security role, Armoured Cavalry soldiers operate as a member of an Armoured Fighting Vehicle (AFV) crew. They are required to participate in the conduct of mounted and/or dismounted reconnaissance, surveillance, offensive, defensive, security and peacekeeping and support operations. They are required to perform their duties during the conduct of operations and training in a tactical and non-tactical environment.
- **Combat Engineer:** an Army combat and security role, main role is the provision of integral close combat engineering tasks in support of a combined arms team to enhance mobility, counter mobility, survivability and sustainability. The CE Supervisor and Managers are competent in supervising and managing combat engineering tasks, personnel, equipment and operations in support of the ADF.
- **Commando:** an Army combat and security role, Special Forces soldiers who are screened, selected, trained and equipped for the conduct of Special Operations, predominantly within military campaigns. A Commando is a close combatant whose responsibilities extend across a broad operational spectrum and include participation in both short-notice domestic and off-shore contingencies. Commando operations are typically offensive and expeditionary in nature and specialise in discriminate and precise targeting. A Commando employs a variety of non-standard weapons and equipment and maintains multiple specialised close combat, insertion and extraction skills.
A Commando must be capable of operating in environments typified by high complexity, isolation from friendly forces, high levels of stress, danger and environmental hardship. While generally led, managed and administered within a platoon, Commandos are optimised to operate as part of a Special Operations Task Group in order to generate effects in support of Australian and/or foreign conventional forces, Special Operations Forces and inter-Agency partners.

- **Communications Information Systems:** a Navy communications and cyber role, Battlespace Communications Specialists (BCOMM SPEC) are Royal Australian Corps of Signals soldiers who deploy and operate Communications and Information Systems (CIS) for the provision of Command and Control (C2) voice, data and command support systems. They plan, design and manage the tactical networks it provides and provide Army-wide communications systems support through the planning, management and governance of the Electromagnetic Spectrum (EMS) and Communications Security. As part of the Combat Support employment category, they also provide planning, management and governance of Force Protection Electronic Countermeasures.
- **Driver Specialist:** an Army logistics role, operates, supervises and manages Army B vehicles in combat, combat support and combat service support roles, by day and by night, on all forms of roads and off roads as required, carrying a variety of loads including cargo, personnel and Dangerous Goods.
- **Electronics Technician:** a Navy engineering, maintenance and construction role, specialises in one of the following streams: Communications, Sensors, Weapons, or Fire Control. All streams work onboard ships and ashore.
 - Communications duties include internal communication systems (broadcast systems, telephone systems) and external communication systems (HF, VHF, UHF radios, satellite communications).
 - Sensors duties include navigation and long range air search RADAR systems and displays; underwater systems (SONAR, torpedo counter measures, underwater telephone); navigation aids (gyro-compasses, inertial navigation systems, GPS) and electronic warfare systems (electromagnetic signal interrogation systems).
 - Weapons duties include weapon systems (gun, missile and torpedo systems) and hydraulic systems.
 - Fire Control systems include ships combat and fire control systems and optical tracking systems.
- **Marine Technician:** A Navy engineering, maintenance and construction role, The Marine Technician role is split into three trade specialisations. Candidates choose from either electrical, hull or propulsion.
 - Electrical duties include maintaining the ship's electrical power, generation and distribution systems, including alternators, batteries, charging systems, electrical switchboards, lighting systems, and corrosion protection systems.
 - Hull duties include being responsible for welding and fabrication of the ship's hull and structural fittings, and maintaining the ship's auxiliary systems, like the freshwater generation plants, generators, stabilisers, and air compressors.
 - Propulsion duties include operating engineering systems and conducting maintenance to ensure that engines, gas turbines, mechanical systems, propellers, gearboxes, and steering systems remain serviceable.
- **Maritime Logistics Chef:** a Navy logistics role, Chef Submariners (known in the Navy as Maritime Logistics Chef Submariners) plan, prepare, cook and serve meals.

- **Mechanic Vehicle (Vehicle Technician):** an Army engineering, maintenance and construction role, Vehicle Technicians are responsible for vehicle maintenance support in order to sustain Land power, including inspecting, classifying, diagnosing, repairing, modifying, rebuilding and reconditioning a wide range of in-service B Vehicles, Mobile Plant and Armoured Vehicle Fleets.
- **Medical Technician:** an Army health role, provide inpatient clinical care, primary health care and emergency care in normal and austere environments to the supported force under direct and indirect supervision. Medical Technicians contribute to ADF effectiveness by maintaining the medical fitness of members, through the delivery of prevention, treatment and rehabilitation programs. On deployment, Medical Technicians maintain and re-establish the medical fitness of deployed forces. When deployed on humanitarian operations, Medical Technicians are often required to provide treatment to civilian populations and bridge cultural gaps when on operations by providing health care support and training for local communities within the area of operation.
- **Rifleman (Infantry Soldier):** an Army combat and security role, The Rifleman's primary role is close combat, which requires skill in the application of force, both lethal and non-lethal, in every type of operation across the spectrum of conflict. To conduct close combat, the Rifleman must first locate the enemy using patrolling and surveillance to develop an intelligence picture. Once the enemy is located, and typically after air or artillery bombardment, the Rifleman fights the enemy at close quarters with rifle, bayonet, machine gun, grenades and anti-armour weapons regardless of season, weather or terrain. The Rifleman can operate as part of a combined/joint/integrated team to exploit the advantages of technology provided by other elements of the ADF. Alternatively, infantry units are capable of conducting independent and/or joint operations for limited periods in complex terrain where technological advantages are degraded.
- **Avionics Technician:** an Air Force engineering, maintenance and construction role, maintains, services and repairs avionics systems and equipment on state-of-the-art aircraft at either flightline or workshop level.
- **Weapons and Sensors Operator** (known as Combat Systems Operator): a Navy combat role, works in the operation room in underwater or above water operations using combat data systems, radars and sensors to detect, track and identify air, surface, and sub-surface threats.
- **Unit Quartermaster (Distribution Operator):** an Army logistics role, responsible for provisioning, warehousing, end-user entity accounting, use of Defence Logistic Information Systems, returns and disposals, corporate governance, procurement, contract management, supervision, distribution, heavy vehicle operation, and management of all classes of supply at unit, formation and force level. The Distribution Operator is a multi-skilled soldier and conducts duties relating to supply support, supply systems, supply chain management and distribution. They provide technical advice on storage, handling and disposal of all classes of supply and the conduct of soldier training when necessary. The Distribution Operator is required to drive and maintain a variety of Army B vehicles and operate Material Handling Equipment and may be required to operate in combat, combat support and combat service support roles.

- **Patrolman:** an Army combat and security role, Regional Force Surveillance Unit personnel are predominantly Reserve drawn from within the Areas of Responsibility, with commensurate local knowledge, supported and commanded predominately by Permanent cadre staff. Patrolmen are employed primarily to conduct reconnaissance and surveillance patrolling and tasks to develop and provide high levels of SA to the relevant supported force commander within the whole-of-government Border Protection Operations (BPO) environment. They will normally do this in an area in which they have intimate knowledge and understanding. The Patrolman is required to do this by day and night, regardless of season, weather or terrain. The Patrolman is supported in operations by other elements of the Australian Defence Force. They will, as a patrol member, be integrated with three types of Battle Space Operating Systems (BOS): Intelligence, Surveillance and Reconnaissance (ISR); Mobility and Survivability (MS); and Information Operations (IO) to achieve the reconnaissance and surveillance or operational effects required by the supported force commander.

Male ex-serving suicide rates by occupation

In brief:

Males who served in the permanent forces in the occupations of Artillery Gunner, Commando, Driver Specialist, Maritime Logistics Chef, Medical Technician and Rifleman are between 95% and 6.15 times (515%) (see Table 23 for notes) more likely to die by suicide than Australian males.

Results

169. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males who served in the permanent forces in the occupation of Artillery Gunner is 2.77 times (177%) (see Table 23 for notes) higher than that of Australian males.
170. For Commando, the suicide rate for males who served in the permanent forces is 4.64 times (364%) (see Table 23 for notes) higher than that of Australian males.
171. For Driver Specialist, the suicide rate for males who served in the permanent forces is 95% (see Table 23 for notes) higher than that of Australian males.
172. For Maritime Logistics Chef, the suicide rate for males who served in the permanent forces is 2.74 times (174%) (see Table 23 for notes) higher than that of Australian males.
173. For Medical Technician, the suicide rate for males who served in the permanent forces is 6.15 times (515%) (see Table 23 for notes) higher than that of Australian males.
174. For Rifleman, the suicide rate for males who served in the permanent forces is 2.20 times (120%) higher than that of Australian males.
175. The findings for males who served solely in the reserve forces in the various occupations, as presented below, have been suppressed due to small numbers.

Table 23 Comparative rates of suicide^(a), ex-serving males, by occupation, 2001–2021^(b)

	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Male ex-serving						
Aircraft Technician	7	7% ^{†*}	No (0.43,2.20)	0		
Artillery Gunner	8	177% ^{†*}	Yes (1.19,5.45)	<5	n.p.	n.p.
Avionics Technician	5	34% ^{↓*}	No (0.21,1.53)	0		
Boatswains Mate	11	81% ^{†*}	No (0.90,3.24)	<5	n.p.	n.p.
Cavalryman	5	153% ^{†*}	No (0.82,5.89)	<5	n.p.	n.p.
Clearance Diver	<5	n.p.	n.p.	0		
Combat Engineer	9	108% ^{†*}	No (0.95,3.95)	<5	n.p.	n.p.
Commando	5	364% ^{†*}	Yes (1.51,10.83)	0		
Communications Information Systems	5	111% ^{†*}	No (0.69,4.92)	0		
Driver Specialist	15	95% ^{†*}	Yes (1.09,3.22)	<5	n.p.	n.p.
Electronics Technician	9	24% ^{†*}	No (0.57,2.35)	0		
Marine Technician	16	22% ^{†*}	No (0.70,1.98)	0		
Maritime Logistics Chef	7	174% ^{†*}	Yes (1.10,5.66)	0		
Medical Technician	6	515% ^{†*}	Yes (2.26,13.39)	<5	n.p.	n.p.
Patrolman	0			5	18% ^{†*}	No (0.38,2.75)
Rifleman	62	120% [†]	Yes (1.69,2.82)	28	6% [†]	No (0.70,1.53)
Unit Quartermaster	5	128% ^{†*}	No (0.74,5.32)	0		
Weapons and Sensors Operator	5	33% ^{†*}	No (0.43,3.09)	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by occupation

Results

176. The findings for females who served in the permanent forces in the various occupations, as presented below, have been suppressed due to small numbers.

Table 24 Comparative rates of suicide^(a), ex-serving females, by occupation, 2001–2021^(b)

Female ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Aircraft Technician	0			0		
Artillery Gunner	0			0		
Avionics Technician	0			0		
Boatswains Mate	0			0		
Cavalryman	0			0		
Clearance Diver	0			0		
Combat Engineer	0			0		
Commando	0			0		
Communications Information Systems	0			0		
Driver Specialist	<5	n.p.	n.p.	<5	n.p.	n.p.
Electronics Technician	0			0		
Marine Technician	<5	n.p.	n.p.	0		
Maritime Logistics Chef	0			0		
Medical Technician	0			0		
Patrolman	0			<5	n.p.	n.p.
Rifleman	<5	n.p.	n.p.	0		
Unit Quartermaster	0			0		
Weapons and Sensors Operator	<5	n.p.	n.p.	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.14 Rifleman by service characteristics

177. This section presents rates of suicide by different service characteristics for the occupation: Rifleman. Due to small numbers, only the rates of suicide for males who served in the permanent forces in the occupation 'rifleman' are presented, and only for the service characteristics: separation reason, enlistment age, deployment, initial training and Trained Force.

Male ex-serving suicide rates by service characteristic: Rifleman

In brief:

The groups particularly at risk among males who served in the permanent forces in the rifleman occupation are those who separated during their initial training, or who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest'.

Males who served in the permanent forces in the rifleman occupation who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest' are 2.54 times (154%) (see Table 25 for notes) and 4.71 times (371%) more likely, respectively, to die by suicide than Australian males.

Males who served in the permanent forces in the rifleman occupation and separated during their initial training as soldiers are 3.03 times (203%), respectively, more likely to die by suicide compared to Australian males.

Results

178. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males who served in the permanent forces in the rifleman occupation and separated involuntarily for medical reasons is 2.54 times (154%) (see Table 25 for notes) higher than that of Australian males.
179. The suicide rate for males who served in the permanent forces in the rifleman occupation and separated involuntarily for the reason 'retention-not-in-service-interest' is 4.71 times (371%) higher.
180. The suicide rate for males who served in the permanent forces in the rifleman occupation and separated during their initial training as soldiers is 3.03 times (203%) higher than that of Australian males.
181. The suicide rate for males who served in the permanent forces in the rifleman occupation of the Army Trained Force (graduated from initial training) as soldiers is 93% more likely to die by suicide compared to Australian males.
182. The suicide rate for males who served in the permanent forces in the rifleman occupation and had warlike operational service is 84% higher than that of Australian males.

Table 25 Comparative rates of suicide^(a), ex-serving males, by rifleman

	Ex-serving permanent forces			Ex-serving Reserve only service		
Male ex-serving Rifleman	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant (CI)
Separation reason						
Voluntary Resignation	19	35% ^{†*}	No (0.81,2.11)	11	27% ^{↓*}	No (0.37,1.31)
Voluntary withdrawal within 90 days of enlistment	<5	n.p.	n.p.	0		
Voluntary other	0			<5	n.p.	n.p.
Involuntary medical	13	154% ^{†*}	Yes (1.35,4.34)	<5	n.p.	n.p.
Involuntary Retention not in service interest	20	371% [†]	Yes (2.88,7.27)	<5	n.p.	n.p.
Involuntary in Absence	<5	n.p.	n.p.	8	57% ^{†*}	No (0.68,3.09)
Involuntary Discipline	0			0		
Involuntary Other	<5	n.p.	n.p.	<5	n.p.	n.p.
Contractual/Administrative change	0			<5	n.p.	n.p.
Deployment (trained force) ^(c)						
Warlike operational service	23	84% [†]	Yes (1.16,2.75)	<5	n.p.	n.p.
Non-warlike operational service	<5	n.p.	n.p.	<5	n.p.	n.p.
Peacetime operational experience	<5	n.p.	n.p.	0		

	Ex-serving permanent forces			Ex-serving Reserve only service		
Male ex-serving Rifleman	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(b) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant (CI)
Enlistment age ^(c)						
16 - 17	10	71%↑*	No (0.82,3.14)	<5	n.p.	n.p.
18 - 20	25	82%↑	Yes (1.18,2.69)	13	20%↑*	No (0.64,2.06)
21 - 24	19	223%↑*	Yes (1.95,5.05)	<5	n.p.	n.p.
25 - 29	<5	n.p.	n.p.	7	118%↑*	No (0.88,4.50)
30 - 34	<5	n.p.	n.p.	<5	n.p.	n.p.
35 - 39	0			<5	n.p.	n.p.
40+	0			0		
Under training ^(c)						
Army Soldier under training	21	203%↑	Yes (1.88,4.64)	14	40%↑*	No (0.77,2.35)
Trained force ^(c)						
Trained Force Army Soldier	41	93%↑	Yes (1.39,2.62)	14	15%↓*	No (0.47,1.43)

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(c) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

6.15 Work Health Safety reporting: severity

183. In the event of a health and safety incident, a Work Health Safety (WHS) Report is required to be raised in Sentinel, the Defence Work Health and Safety Management Information System.
184. Two types of severity, as reported in the Defence Work Health and Safety Management Information System, are reflected in this analysis:
- **serious injury or illness:** Section 36 of the *Work Health Safety Act 2011* (Cth) sets out that a serious injury or illness of a person is an injury or illness requiring the person to have immediate treatment as an in-patient in a hospital, or immediate treatment for a serious head injury, burn or laceration or amputation, separation of skin, spinal injury, loss of bodily function or exposure to a substance.
 - **minor injury or illness:** any minor injury or illness that did not result in a fatality, serious injury or illness or a dangerous incident that was a direct result of either a Defence undertaking and/or occurred in a Defence controlled workplace.

Male ex-serving suicide rates by WHS incident severity

In brief:

Males who served in the permanent forces and suffered a serious injury or illness during service, as reported in the Defence WHS system, are 2.22 times (122%) more likely to die by suicide than Australian males.

Results

185. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males who served in the permanent forces and suffered a serious injury or illness during service, as reported in the Defence WHS system, is 2.22 times (122%) higher than that of Australian males.
186. The suicide rate for males who served in the permanent forces and suffered a minor injury or illness during service, as reported in the Defence WHS system, is 84% higher than that of Australian males.
187. The findings for males who served solely in the reserve forces and suffered an injury or illness during service, as reported in the Defence WHS system, and as presented below, have been suppressed due to small numbers or the rates are similar to those of Australian males and there is no statistical difference as measured by the age-adjusted suicide rate.

Table 26 Comparative rates of suicide^(a), ex-serving males, by Work Health Safety reporting: severity, 2001–2021^(b)

Male ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Serious injury or illness	43	122% [↑]	Yes (1.61, 2.99)	<5	n.p.	n.p.
Minor injury	119	84% [↑]	Yes (1.53, 2.21)	6	37% ^{↓*}	No (0.23, 1.37)

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '**' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes members who have served at least one day since 1 January 1985 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by WHS incident severity

In brief:

Females who served in the permanent forces and suffered a serious injury or illness during service, as reported in the Defence WHS system, are 6.77 times (577%) (see Table 27 for notes) more likely to die by suicide than Australian females.

Results

188. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rates for females who served in the permanent forces and suffered a serious injury or illness during service, as reported in the Defence WHS system, is 6.77 times (577%) (see Table 27 for notes) higher than that of Australian females.
189. The suicide rate for females who served in the permanent forces and suffered a minor injury or illness during service, as reported in the Defence WHS system, is 2.49 times (149%) (see Table 27 for notes) higher than that of Australian females.
190. No suicide deaths were reported for females who served solely in the reserve forces and suffered an injury or illness during service, as reported in the Defence WHS system.

Table 27 Comparative rates of suicide^(a), ex-serving females, by Work Health Safety reporting: severity, 2001–2021^(b)

Female x-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Serious injury or illness	5	577% ^{†*}	Yes (2.20, 15.80)	0		
Minor injury	8	149% ^{†*}	Yes (1.08, 4.91)	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '**' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes members who have served at least one day since 1 January 1985 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.16 Work Health Safety reporting: incident type

191. The nine incident types most frequently monitored by Defence, as reported in the Defence Work Health and Safety Management Information System, and reflected in this analysis are as follows:

- **biological factor:** organic substances that pose a threat to the health of humans and other living organisms – micro-organisms can cause disease, allergies or other medical conditions
- **body stressing:** loss of personnel's capability from exposure to hazardous manual task/s
- **chemical:** chemicals such as acids, hydrocarbons, heavy metals, gases, dusts and fibres (such as asbestos and silica) causing short term (acute) or long term (chronic) injury, illness or death as a result of direct contact with or exposure to the chemical, usually through inhalation, skin contact or ingestion
- **electrical:** Injury or illness from direct or indirect contact with an electrical source
- **fall, trip or slip:** injury caused by fall at level or fall from one level to another that involves activity on the ground or on a solid construction
- **heat:** management system following an exposure to excessive heat
- **motion:** hitting an object or being hit by a moving object causing fractures, bruises, lacerations, dislocations, permanent injuries or death
- **noise:** exposure to loud or constant noise causing permanent hearing damage
- **psychosocial:** anything that could cause psychological harm (e.g. harm someone's mental health)
- **vehicle accident:** includes Defence vehicle classes in accordance with the Defence Road Transport Manual (DRTM) for vehicle classification and civilian vehicle incidents when specifically used in the conduct of a Defence activity.
- **other:** incident types not captured in the above categories.

Male ex-serving suicide rates by WHS incident type

In brief:

Males who served in the permanent forces and suffered a 'falls, trips and slips' or 'motion' injury during service, as reported in the Defence WHS system, are 4.17 times (317%) and 4.58 times (358%) more likely to die by suicide than Australian males.

Results

192. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males who served in the permanent forces and suffered a 'body stressing' injury during service, as reported in the Defence WHS system, is 2.28 times (128%) higher than that of Australian males.

193. The suicide rate for males who served in the permanent forces and suffered a 'chemicals' injury during service, as reported in the Defence WHS system, is 2.23 times (123%) higher than that of Australian males.
194. The suicide rate for males who served in the permanent forces and suffered a 'falls, trips and slips' injury during service, as reported in the Defence WHS system, is 4.17 times (317%) higher than that of Australian males.
195. The suicide rate for males who served in the permanent forces and suffered a 'motion' injury during service, as reported in the Defence WHS system, is 4.58 times (358%) higher than that of Australian males.
196. The suicide rate for males who served in the permanent forces and suffered an injury classified in the 'Other' category during service, as reported in the Defence WHS system, is 5.81 times (481%) higher than that of Australian males.
197. The suicide rate for males who served in the permanent forces and suffered a psychosocial injury during service, as reported in the Defence WHS system, is 13 times (1200%) (see Table 28 for notes) higher than that of Australian males.
198. The suicide rate for males who served in the permanent forces and suffered a 'vehicle accidents' injury during service, as reported in the Defence WHS system, is 5.06 times (406%) (see Table 28 for notes) higher than that of Australian males.
199. The findings for males who served solely in the reserve forces and suffered an injury during service, as reported in the Defence WHS system, and as presented below, have been suppressed due to small numbers.

Table 28 Comparative rates of suicide^(a), ex-serving males, by Work Health Safety reporting: incident type, 2001–2021^(b)

Male ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Biological	6	89% ^{†*}	No (0.69, 4.11)	0		
Body Stressing	57	128% [†]	Yes (1.73, 2.95)	<5	n.p.	n.p.
Chemicals	39	123% [†]	Yes (1.59, 3.05)	<5	n.p.	n.p.
Falls, Trips and Slips	46	317% [†]	Yes (3.05, 5.56)	<5	n.p.	n.p.
Heat	<5	n.p.	n.p.	0		
Motion	39	358% [†]	Yes (3.26, 6.26)	<5	n.p.	n.p.
Noise	<5	n.p.	n.p.	0		
Other	48	481% [†]	Yes (4.29, 7.71)	<5	n.p.	n.p.
Psychosocial	8	1200% ^{†*}	Yes (5.61, 25.62)	<5	n.p.	n.p.
Vehicle Accidents	10	406% ^{†*}	Yes (2.42, 9.30)	0		
Electrical	0			0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by WHS incident type

In brief:

Females who served in the permanent forces and suffered a 'falls, trips and slips' injury during service, as reported in the Defence WHS system, are 8.21 times (721%) (see Table 29 for notes) more likely to die by suicide than Australian females.

Results

200. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rates for females who served in the permanent forces and suffered a 'falls, trips and slips' injury during service, as reported in the Defence WHS system, is 8.21 times (721%) (see Table 29 for notes) higher than that of Australian females.
201. No suicide deaths were reported for females who served solely in the reserve forces and suffered an injury or illness during service, as reported in the Defence WHS system, between 2001 and 2021.

Table 29 Comparative rates of suicide^(a), ex-serving females, by Work Health Safety reporting: incident type, 2001–2021^(b)

	Ex-serving permanent forces				Ex-serving Reserve only service		
	Female ex-serving	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Biological		0			0		
Body Stressing		<5	n.p.	n.p.	0		
Chemicals		<5	n.p.	n.p.	0		
Falls, Trips and Slips		6	721% ^{†*}	Yes (3.01, 17.87)	0		
Heat		0			0		
Motion		<5	n.p.	n.p.	0		
Noise		0			0		
Other		<5	n.p.	n.p.	0		
Psychosocial		0			0		
Vehicle Accidents		<5	n.p.	n.p.	0		
Electrical		0			0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '**' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 2001 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.17 Work Health Safety reporting: nature of injury

202. The nature of injury of Defence WHS incidents are coded according to the Type of Occurrence Classification System (TOOCS), which is published and reviewed regularly by Safe Work Australia. Injury and disease types captured in Sentinel are self-reported and therefore sometimes recorded inconsistently, with not all fields completed. Generally, reported injuries are of an acute nature or when a specified incident can be attributed to the injury. The data does not contain chronic or repetitive exposure type injuries.
203. The seventeen injury and disease types, as reported in the Defence Work Health and Safety Management Information System, and reflected in this analysis are as follows:
- burn
 - circulatory system diseases
 - diseases of muscle, tendon and related tissue
 - fractures
 - intracranial injuries
 - mental disorders
 - nervous system and sense organ diseases
 - other claims
 - other diseases
 - other injuries
 - other musculoskeletal and connective tissue diseases
 - other soft tissue diseases
 - respiratory system diseases
 - skin and subcutaneous tissue diseases
 - spinal vertebrae and intervertebral disc diseases
 - traumatic joint/ ligament and muscle/ tendon injury
 - wounds, lacerations, amputations and internal organ damage.

Male ex-serving suicide rates by WHS incident nature of injury

In brief:

Males who served in the permanent forces and suffered a traumatic joint, ligament, muscle or tendon injury during service, as reported in the Defence WHS system, are 4.35 times (335%) more likely to die by suicide than Australian males.

Results

204. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males who served in the permanent forces and suffered a traumatic joint, ligament, muscle or tendon injury during service, as reported in the Defence WHS system, is 4.35 times (335%) higher than that of Australian males.
205. The suicide rate for males who served in the permanent forces and suffered a disease of the muscle, or a tendon and related tissue injury during service, as reported in the Defence WHS system, is 2.29 times (129%) (see Table 30 for notes) higher than that of Australian males.
206. The suicide rate for males who served in the permanent forces and suffered a wound, laceration, amputation or internal organ damage during service, as reported in the Defence WHS system, is 5.73 times (473%) higher than that of Australian males.
207. The suicide rate for males who served in the permanent forces and suffered a burn during service, as reported in the Defence WHS system, is 3.09 times (209%) (see Table 30 for notes) higher than that of Australian males.
208. The suicide rate for males who served in the permanent forces and suffered a mental disorder during service, as reported in the Defence WHS system, is 7.4 times (640%) (see Table 30 for notes) higher than that of Australian males.
209. The suicide rate for males who served in the permanent forces and suffered a nervous system and sense organ disease during service, as reported in the Defence WHS system, is 3.19 times (219%) (see Table 30 for notes) higher than that of Australian males.
210. The suicide rate for males who served in the permanent forces and suffered an injury that is classified as other claims during service, as reported in the Defence WHS system, is 2.08 times (108%) higher than that of Australian males.
211. The suicide rate for males who served in the permanent forces and suffered an injury that is classified as other injuries during service, as reported in the Defence WHS system, is 4.35 times (335%) higher than that of Australian males.
212. The suicide rate for males who served in the permanent forces and suffered a spinal vertebrae and intervertebral disc disease during service, as reported in the Defence WHS system, is 5.59 times (459%) (see Table 30 for notes) higher than that of Australian males.
213. The findings for males who served solely in the reserve forces and suffered an injury or disease during service, as reported in the Defence WHS system and presented below, have been suppressed due to small numbers.

Table 30 Comparative rates of suicide^(a), ex-serving males, by Work Health Safety reporting: nature of injury, 2001–2021^(b)

Male ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Burn	5	209% ^{†*}	Yes (1.00, 7.22)	0		
Circulatory System Diseases	<5	n.p.	n.p.	0		
Diseases Of Muscle, Tendon And Related Tissue	15	129% ^{†*}	Yes (1.28, 3.78)	<5	n.p.	n.p.
Fractures	10	77% ^{†*}	No (0.85, 3.25)	<5	n.p.	n.p.
Intracranial Injuries	<5	n.p.	n.p.	0		
Mental Disorders	8	640% ^{†*}	Yes (3.19, 14.58)	<5	n.p.	n.p.
Nervous System And Sense Organ Diseases	6	219% ^{†*}	Yes (1.17, 6.95)	<5	n.p.	n.p.
Other Claims	38	108% [†]	Yes (1.47, 2.85)	<5	n.p.	n.p.
Other Diseases	<5	n.p.	n.p.	0		
Other Injuries	35	335% [†]	Yes (3.03, 6.05)	<5	n.p.	n.p.
Other Musculoskeletal And Connective Tissue Diseases	<5	n.p.	n.p.	0		
Other Soft Tissue Diseases	<5	n.p.	n.p.	0		
Respiratory System Diseases	<5	n.p.	n.p.	0		
Skin And Subcutaneous Tissue Diseases	<5	n.p.	n.p.	<5	n.p.	n.p.
Spinal Vertebrae And Intervertebral Disc Diseases	6	459% ^{†*}	Yes (2.05, 12.17)	0		

Male ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Traumatic Joint/ Ligament And Muscle/ Tendon Injury	81	335% [↑]	Yes (3.45,5.41)	<5	n.p.	n.p.
Wounds, Lacerations, Amputations And Internal Organ Damage	34	473% [↑]	Yes (3.97,8.00)	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '**' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by WHS nature of injury

In brief:

Females who served in the permanent forces and suffered a traumatic joint, ligament, muscle or tendon injury during service, as reported in the Defence WHS system, are 6.78 times (578%) (see Table 31 for notes) more likely to die by suicide than Australian females.

Results

214. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rate for females who served in the permanent forces and suffered a traumatic joint, ligament, muscle or tendon injury during service, as reported in the Defence WHS system, is 6.78 times (578%) (see Table 31 for notes) higher than that of Australian females.
215. No suicide deaths were reported for females who served solely in the reserve forces and suffered an injury or disease during service, as reported in the Defence WHS system, between 2001 and 2021.

Table 31 Comparative rates of suicide^(a), ex-serving females, by Work Health Safety reporting: nature of injury, 2001–2021^(b)

Female ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Burn	0			0		
Circulatory System Diseases	0			0		
Diseases Of Muscle, Tendon And Related Tissue	<5	n.p.	n.p.	0		
Fractures	<5	n.p.	n.p.	0		
Intracranial Injuries	0			0		
Mental Disorders	0			0		
Nervous System And Sense Organ Diseases	0			0		
Other Claims	<5	n.p.	n.p.	0		
Other Diseases	0			0		
Other Injuries	<5	n.p.	n.p.	0		
Other Musculoskeletal And Connective Tissue Diseases	0			0		
Other Soft Tissue Diseases	0			0		
Respiratory System Diseases	0			0		
Skin And Subcutaneous Tissue Diseases	0			0		
Spinal Vertebrae And Intervertebral Disc Diseases	<5	n.p.	n.p.	0		

Female ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Traumatic Joint/ Ligament And Muscle/ Tendon Injury	7	578% ^{†*}	Yes (2.72, 13.96)	0		
Wounds, Lacerations, Amputations And Internal Organ Damage	<5	n.p.	n.p.	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '**' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 2001 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.18 Discipline: interaction with the Defence Force Discipline Act

216. The military justice system is a framework underpinning Defence military discipline and command structures. Under the *Defence Force Discipline Act 1982* (Cth) (DFDA), Defence prosecutes accused Australian Defence Force (ADF) members for committing offences ranging from serious to minor in nature.

Male ex-serving suicide rates by interaction with the Defence Force Discipline Act

In brief:

Males who served in the permanent forces and faced trial for an offence under the DFDA during service are 2.96 times (196%) more likely to die by suicide than Australian males.

In contrast, males who served in the permanent forces and did not face a trial for an offence under the DFDA during service are no more or less likely to die by suicide than Australian males.

Results

217. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males who served in the permanent forces and faced trial for an offence under the DFDA during service is 2.96 times (196%) higher than that of Australian males.
218. The suicide rate for males who served in the permanent forces and did not face a trial for an offence under the DFDA during service are similar to those of Australian males.
219. The findings for males who served solely in the reserve forces and faced a trial for an offence under the DFDA during service have been suppressed due to small numbers.
220. The suicide rate for males who solely in the reserve forces and did not face a trial for an offence under the DFDA during service is 34% lower than that of Australian males.

Table 32 Comparative rates of suicide^(a), ex-serving males, by Discipline: interaction with the DFDA, 2000–2021^(b)

Male ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
No Interaction with the DFDA	251	11%↑	No (0.98, 1.26)	71	34%↓	Yes (0.51, 0.83)
Interaction with the DFDA	123	196%↑	Yes (2.46, 3.53)	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '**' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 2000 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by interaction with the Defence Force Discipline Act

In brief:

Females who served in the permanent forces and faced trial for an offence under the DFDA during service are 4.54 times (354%) (see Table 33 for notes) more likely to die by suicide than Australian females.

Results

- 221. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rate for females who served in the permanent forces and faced trial for an offence under the DFDA during service is 4.54 times (354%) (see Table 33 for notes) higher than that of Australian females.
- 222. The suicide rate for females who served in the permanent forces and did not face a trial for an offence under the DFDA during service is 2.01 times (101%) higher than that of Australian females.
- 223. No suicide deaths were reported for females who served solely in the reserve forces and faced a trial for an offence under the DFDA during service, between 2000 and 2021.
- 224. There is no statistically significant difference in the suicide rate for females who served solely in the reserve forces and did not face a trial for an offence under the DFDA during service compared to that of Australian females.

Table 33 Comparative rates of suicide^(a), ex-serving females, by Discipline: interaction with the DFDA, 2000–2021^(b)

Female ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
No Interaction with the DFDA	26	101% [†]	Yes (1.31,2.94)	12	88% ^{†*}	No (0.97,3.28)
Interaction with the DFDA	6	354% ^{†*}	Yes (1.67,9.89)	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 2000 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.19 Discipline: trials before summary authorities

225. The statistics of trials and outcomes for discipline have been reported in the same manner as in the annual Judge Advocate General Defence Force Discipline Act Reports. Where offences are prosecuted under military jurisdiction, the *Defence Force Discipline Act 1982* (Cth) (DFDA) provides for the creation of Service Tribunals with the power to try ADF members; being Courts martial, Defence Force Magistrates and Summary Authorities.
226. The suicide counts for ADF members tried by Courts martial and Defence Force Magistrates are insufficient to draw statistically significant conclusions, and suicide rate comparisons are therefore not presented.
227. Summary Authorities have limited powers of punishment and are generally used to try less serious offences. There are three levels of summary authorities created under the DFDA:
- superior summary authorities;
 - commanding officers; and
 - subordinate summary authorities.
228. **Superior summary authorities** are appointed by instrument by certain senior officers pursuant to the DFDA and are usually themselves senior officers within a command.
229. The power of a **commanding officer** to hear a matter under the Act is derived from their position in command and there is no separate discipline appointment required, although an officer may be appointed by instruments as a commanding officer for disciplinary purposes.
230. **Subordinate summary authorities** are appointed by instrument by commanding officers pursuant to the DFDA to assist them in the enforcement of discipline within their command. Their jurisdiction and powers of punishment are substantially less than those of a commanding officer.

Male ex-serving suicide rates by trials before summary authorities

In brief:

Males who served in the permanent forces and faced trial before a commanding officer or a subordinate summary authority during service are 3.14 times (214%) and 4.76 times (376%) more likely, respectively, to die by suicide than Australian males.

Results

231. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males who served in the permanent forces and faced trial before a commanding officer during service is 3.14 times (214%) higher than that of Australian males. The suicide rate for males who served in the permanent forces and faced trial before a subordinate summary authority during service is 4.76 times (376%) higher than that of Australian males.
232. The findings for males who served solely in the reserve forces and faced a summary authority during service have been suppressed due to small numbers.

Table 34 Comparative rates of suicide^(a), ex-serving males, by Discipline: Trials before summary authorities, 2000–2021^(b)

Male ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Commanding Officer	40	214%↑	Yes (2.24, 4.27)	0		
Subordinate Summary Authority	78	376%↑	Yes (3.76, 5.94)	<5	n.p.	n.p.
Superior Summary Authority	<5	n.p.	n.p.	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 2000 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by trials before summary authorities

Results

- 233. The findings for females who served in the permanent forces and faced a summary authority during service have been suppressed due to small numbers.
- 234. No suicide deaths were reported for females who served solely in the reserve forces and faced a trial before a summary authority during service, between 2000 and 2021.

Table 35 Comparative rates of suicide^(a), ex-serving females, by Discipline: Trials before summary authorities, 2000–2021^(b)

Female ex-serving	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Commanding Officer	<5	n.p.	n.p.	0		
Subordinate Summary Authority	<5	n.p.	n.p.	0		
Superior Summary Authority	0			0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 2000 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

6.20 Discipline: nature of misconduct

235. The following groupings describe the offences prosecuted under the DFDA before Summary Authorities. Only convictions under sections of the DFDA with suicide counts of five or more are presented.

Male ex-serving suicide rates by convictions for offences before summary authorities

In brief:

Males who served in the permanent forces and were convicted of an offence under section 24 (absence without leave), section 29 (failing to comply with a general order) or section 60 (prejudicial conduct) of the DFDA by a summary authority during service are 5.26 times (426%), 5.87 times (487%) and 12.44 times (1144%) more likely, respectively, to die by suicide than Australian males.

Results

236. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for males who served in the permanent forces and were convicted of an offence under section 23 (absence from duty) of the DFDA by a summary authority during service is 5.97 times (497%) (see Table 36 for notes) higher than that of Australian males.
237. The suicide rate for males who served in the permanent forces and were convicted of an offence under section 24 (absence without leave) of the DFDA by a summary authority during service is 5.26 times (426%) higher than that of Australian males.
238. The suicide rate for males who served in the permanent forces and were convicted of an offence under section 25 (assaulting a superior officer) of the DFDA by a summary authority during service is 20.83 times (1,983%) (see Table 36 for notes) higher than that of Australian males.
239. The suicide rate for males who served in the permanent forces and were convicted of an offence under section 26 (insubordinate conduct) of the DFDA by a summary authority during service is 8.22 times (722%) (see Table 36 for notes) higher than that of Australian males.
240. The suicide rate for males who served in the permanent forces and were convicted of an offence under section 27 (disobeying a lawful command) of the DFDA by a summary authority during service is 7.26 times (626%) (see Table 36 for notes) higher than that of Australian males.
241. The suicide rate for males who served in the permanent forces and were convicted of an offence under section 29 (failing to comply with a general order) of the DFDA by a summary authority during service is 5.87 times (487%) higher than that of Australian males.

242. The suicide rate for males who served in the permanent forces and were convicted of an offence under section 33a (assault on another person) of the DFDA by a summary authority during service is 8.74 times (774%) (see Table 36 for notes) higher than that of Australian males.
243. The suicide rate for males who served in the permanent forces and were convicted of an offence under section 33d (insulting or provocative words to another person) of the DFDA by a summary authority during service is 35.85 times (3,485%) (see Table 36 for notes) higher than that of Australian males.
244. The suicide rate for males who served in the permanent forces and were convicted of an offence under section 36b (negligent discharge of weapon) of the DFDA by a summary authority during service is 6.20 times (520%) (see Table 36 for notes) higher than that of Australian males.
245. The suicide rate for males who served in the permanent forces and were convicted of an offence under section 37 (intoxicated while on duty) of the DFDA by a summary authority during service is 27.47 times (2,647%) (see Table 36 for notes) higher than that of Australian males.
246. The suicide rate for males who served in the permanent forces and were convicted of an offence under section 43 (destroying or damaging service property) of the DFDA by a summary authority during service is 24.38 times (2,338%) (see Table 36 for notes) higher than that of Australian males.
247. The suicide rate for males who served in the permanent forces and were convicted of an offence under section 60 (prejudicial conduct) of the DFDA by a summary authority during service is 12.44 times (1,144%) higher than that of Australian males.
248. The findings for males who served solely in the reserve forces and faced a summary authority during service have been suppressed due to small numbers.

Table 36 Comparative rates of suicide^(a), ex-serving males, by Discipline: convictions for offences before summary authorities, 2000–2021^(b)

	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Male ex-serving						
s23 Absence from duty	17	497% ^{†*}	Yes (3.48,9.55)	0		
s24 Absence without leave	37	426% [†]	Yes (3.70,7.24)	0		
s25 Assaulting a superior officer	5	1983% ^{†*}	Yes (6.76,48.61)	0		
s26 Insubordinate conduct	12	722% ^{†*}	Yes (4.25,14.35)	0		
s27 Disobeying a lawful command	15	626% ^{†*}	Yes (4.06,11.97)	0		
s29 Failing to comply with a general order	38	487% [†]	Yes (4.15,8.05)	0		
s33a Assault on another person	5	774% ^{†*}	Yes (2.84,20.39)	0		
s33d Insulting or provocative words to another person	5	3485% ^{†*}	Yes (11.64,83.66)	0		
s36B Negligent discharge of weapon	9	520% ^{†*}	Yes (2.84,11.78)	0		
s37 Intoxicated while on duty etc	8	2647% ^{†*}	Yes (11.86,54.13)	0		
s43 Destroying or damaging service property	5	2338% ^{†*}	Yes (7.92,56.90)	0		
s60 Prejudicial conduct	28	1144% [†]	Yes (8.26,17.97)	<5	n.p.	n.p.

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '*' are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 2000 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by convictions for offences before summary authorities

Results

249. The findings for females who served in the permanent forces and were convicted of an offence of the DFDA by a summary authority during service have been suppressed due to small numbers.
250. No suicide deaths were reported for females who served solely in the reserve forces and were convicted of an offence of the DFDA by a summary authority during service, between 2000 and 2021.

Table 37 Comparative rates of suicide^(a), ex-serving females, by Discipline: convictions for offences before summary authorities, 2000–2021^(b)

	Ex-serving permanent forces			Ex-serving Reserve only service		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Female ex-serving						
s23 Absence from duty	<5	n.p.	n.p.	0		
s24 Absence without leave	<5	n.p.	n.p.	0		
s26 Insubordinate conduct	<5	n.p.	n.p.	0		
s27 Disobeying a lawful command	<5	n.p.	n.p.	0		
s29 Failing to comply with a general order	<5	n.p.	n.p.	0		

Table notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a 'n.p.' are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 2000 and 31 December 2021.

(c) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

7 Future analysis

251. The following proposals are made to expand AIHW's current annual reporting on suicide among permanent, reserve, and ex-serving ADF members. Many of the proposals will require Defence to provide additional data to AIHW, and this should begin immediately.
252. Furthermore, Defence should work proactively with AIHW to add more service characteristics to AIHW's annual reporting on suicide for ADF members, seeking to continuously improve and enhance the data available. Any expansion of the analysis underlying AIHW's annual report on suicide for ADF members will have funding implications for AIHW. Refer to Chapter 29, Use of data and research by Defence and DVA for information regarding data and research.

7.1 Proposals

253. 1. *Suicide rates for ex-serving members should be reported separately for members who served in the permanent forces and members who served solely in the reserve forces in AIHW's annual report on suicide for ADF members.*
254. The level of service duties and obligations, career paths, exposure to ADF culture and time absent from family, friends and support networks, vary between the two cohorts. The unique nature of serving in the permanent forces involves sacrifice as part of service, and the sacrifice of members' families, that differs from members serving in the reserve forces. As seen in this analysis, this leads to very different outcomes. Conflating the two populations obscures the suicide rates for both populations.
255. 2. *Suicide rates for occupational groups should be reported in AIHW's annual report on suicide for ADF members.*
256. Suicide rates for occupational groups have improved our understanding of at-risk groups in ADF members. Occupational groups should become a standard service characteristic reported on in AIHW's annual report on suicide for ADF members.
257. 3. *Suicide rates for ex-serving members who separated during their initial recruitment course or Initial Employment Training should be reported in AIHW's annual report on suicide for ADF members, with suicide rates reported separately across service characteristics for this cohort and the Trained Force cohort.*
258. Awareness of suicide rates for ex-serving members who separated during their initial recruitment course or Initial Employment Training has improved our understanding of at-risk groups in ADF members. This should become a standard service characteristic reported on in AIHW's annual report on suicide for ADF members.
259. Members undertaking initial training have different duties and obligations, career paths, and experience exposure to ADF culture and time absent from family, friends and support networks than Trained Force. *Consideration should be given to reporting suicide rates for the two cohorts separately across different service characteristics.*

260. In addition, Defence should prioritise differentiating between members who separated during their initial recruitment course, and those who separated during Initial Employment Training.
261. *4. Suicide rates for ex-serving members who are part of Trained Force (graduated from initial training) should be reported in AIHW's annual report on suicide for ADF members, with suicide rates reported separately across service characteristics for this cohort and the 'separated during initial training' cohort.*
262. After graduation from initial training members enter into service life. The duties and obligations, career paths, experience and exposure to ADF culture and time absent from family, friends and support networks as part of these members' ADF service life are different from those in initial recruit training. Consideration should be given to reporting suicide rates for the two cohorts separately across different service characteristics.
263. *5. Data from the Defence Policing and Security Management System (DPSMS) should be reported in AIHW's annual report on suicide for ADF members.*
264. Notifiable Incidents and Defence Incident Records from DPSMS should be used to derive suicide rates for suicidality reported during service, unacceptable behaviour and interaction with the policing system, both as a victim and accused.
265. *6. Data from the Defence Conduct Reporting and Tracking System should be reported in AIHW's annual report on suicide for ADF members.*
266. Data from the Defence Conduct Reporting and Tracking System should be explored to derive suicide rates for ADF members related to interaction with the discipline system.
267. *7. Data from the Defence electronic Health System (DeHS) data and Defence Work Health and Safety Management Information System (Sentinel) should be reported in AIHW's annual report on suicide for ADF members.*
268. Data from the DeHS should be explored to derive suicide rates for ADF members related to suicidality and interaction with the health system. In particular, diagnoses related to discharge, created for the Royal Commission by Joint Health Command using DeHS data, should be developed and used to derive suicide rates for publication in AIHW's annual report on suicide for ADF members. Data from the Defence Work Health and Safety Management Information System (Sentinel) should also be explored, including integrating DeHS and Sentinel to link injury data to inpatient/treatment data to give a more comprehensive understanding of any link between specific injuries and death by suicide.
269. *8. Data from the Comtrack and the Army Incident Management System should be explored for potential reporting of unacceptable behaviour in AIHW's annual report on suicide for ADF members.*
270. Comtrack, which is the Defence system for recording a reported complaint of unacceptable behaviour, and the Army Incident Management System, should be integrated with DPSMS data to enable comprehensive reporting of unacceptable behaviour.

271. *9. Advanced statistical analysis, beyond the existing univariate analysis, should be undertaken and reported in AIHW's annual report on suicide for ADF members.*
272. Univariate analysis to report the rates of suicide is somewhat limited in that the different variables must be looked at in isolation. Advanced statistical analysis is required to better understand which service-related factors are most strongly associated with suicide death in the ADF population over time when all other available factors are accounted for.
273. *10. Comparative rates of non-fatal suicidal and self-harming behaviours should be reported for the various service characteristics in AIHW's annual report on suicide for ADF members.*
274. Comparing rates of non-fatal suicidal and self-harming behaviours between serving and ex-serving ADF members and the Australian population for the various service characteristics could provide important insights into suicide risk and preventative factors, and the progression from non-fatal to fatal suicidal behaviours.
275. Non-fatal suicidal and self-harming behaviours could be sourced from hospital admission, emergency department presentation, ambulance attendance and police incident data, integrated to form one non-fatal suicidal and self-harming behaviour dataset.
276. *12. Data from the Defence Force Recruitment (DFR) system, including PowerForce and DFR medical administrative system (MAS), should be reported in AIHW's annual report on suicide for ADF members.*
277. Recruitment data may improve our understanding of populations who may be at greater risk, informing decisions around where additional suicide prevention supports may be needed.
278. The MAS dataset also contains information on waivers of recruitment standards, which may be granted for a range of reasons including education, aptitude and health, and to encourage First Nations participation. At the time of writing, Defence had not conducted any analysis on the relationship between the granting of a waiver and death by suicide or suicidality.
279. *13. Data from the Occupational Psychology ADF applicant database (EPRIS), should be explored for reporting in AIHW's annual report on suicide for ADF members.*
280. The EPRIS dataset contains information on psychological assessments conducted during the recruitment process, such as if an enlistee received a rating of 'Not Suitable on Psychological Grounds', or 'Marginal', 'Not Recommended' or 'Not Suitable' rating in the Occupational Suitability Assessment (OSA), an overarching rating given by the psychologist expressing their professional assessment of the applicant's overall suitability for ADF service.
281. Psychological assessment data from recruitment may improve our understanding of populations who may be at greater risk, informing decisions around where additional suicide prevention supports may be needed.

8 Technical notes

282. The following technical notes relate to the analysis provided within this appendix.

8.1 Suicide monitoring

Lag in cause of death information

283. Analysis in this study is based on year of occurrence of death. The NDI is one source of information on fact of death in this study. Fact of death information from the NDI is supplemented with cause of death information from the National Mortality Database (NMD). Analysis of the NMD for all Australian deaths shows that between 4% and 7% of deaths are not registered until the next year (ABS 2018). These deaths are not captured in cause of death information, until data for the next year become available, and so there is usually a small number of suicides in each report that should have been the year prior's data but were only confirmed after publication.

Cause of death data revisions (ABS)

284. Cause of death information is based on final cause of death information for the years 2001 to 2019. Revised data are used for 2020 and preliminary data for 2021. Cause of death for a small number of records linked to the 2019 (revised) and 2020 (preliminary) cause of death data may change where a death is being investigated by a coroner and more up-to-date information becomes available as a result of the ABS revisions process. This may have a small effect on the number of deaths attributed to suicide in these years, as some deaths currently coded as 'undetermined intent' could later be identified as 'intentional self-harm' (or vice-versa).
285. Although this method likely captures the vast majority of suicides, there is potential for some to be missed if coronial findings take longer than 4 years and the finding results in an update to the initial coded intent of death.
286. Care needs to be taken when interpreting data derived from deaths registered in Victoria. Following investigations between the ABS and the Victorian Registry of Births, Deaths and Marriages, 2,812 additional registrations from 2017, 2018 and 2019 were identified that had not previously been provided to the ABS. A time series adjustment has been applied to these deaths to enable a more accurate comparison of mortality over time. Affected deaths are presented in the year in which they were registered (that is, removed from 2020 and added to 2018 or 2019). For detailed information on this issue please refer to Technical note: Victorian additional registrations and time series adjustments in Causes of death, Australia (ABS cat. no. 3303.0) available from the ABS website.

Australian Bureau of Statistics (ABS) changes to mortality coding over the study period

287. The following information on mortality coding is sourced from the ABS. For further information, see the ABS *Causes of death, Australia* report (ABS 2018).
288. Substantial changes to ABS cause of death coding were undertaken in 2006, improving data quality by enabling the revision of cause of death for open coroner's cases over time. Deaths that are referred to a coroner (including deaths due to suicide) can take time to be fully investigated. To account for this, all coroner-certified deaths registered after 1 January 2006 are subject to a revisions process. This allows cause of death for open coroner's cases to be included at a later stage where the case is closed during the revision period. Cause of death data are deemed preliminary when first published, with revised and final versions of the data being historically published 12 and 24 months after initial processing. Between 2001 and 2005, revisions did not take place and as such it is recognised by the ABS that deaths by suicide may have been understated during this period (ABS 2018).
289. As well as the above changes, new coding guidelines were applied to deaths registered from 1 January 2007. The new guidelines improve data quality by enabling deaths to be coded as suicide by ABS mortality coders if evidence from police reports, toxicology reports, autopsy reports and coroners' findings indicates the death was due to suicide. Previously, coding rules required a coroner to determine a death as due to suicide for it to be coded as suicide.
290. The combined result of both changes has been the more complete capture of deaths by suicide, and a reduced number of deaths coded as 'undetermined intent', within Australian mortality data. The National Coronial Information System (NCIS) also continually makes improvements and enhancements to their system which allows for ABS coding to be accessed in a more timely fashion.
291. Detailed information on coding guidelines for intentional self-harm, and administrative and system changes that can have an impact on the mortality data set, can be found in Explanatory Notes 91-100 of *Causes of death, Australia* report (ABS 2018).

Standardised Mortality Ratios

292. Age-adjusted comparisons between the suicide rate in ADF groups and the Australian population were calculated using Standardised Mortality Ratios (SMRs). The SMR is a widely recognised measure used to account for differences in age structures when comparing death rates between populations. This method of standardisation can be used when analysing relatively rare events, that is, where number of deaths is less than 25 for the analysed time period. The SMR is used to control for the fact that the ADF service status groups have a younger age profile than the Australian population, and rates of suicide vary by age in both the study populations and the Australian population. The SMRs control for these differences, enabling comparisons of suicide counts between the service status groups and the Australian population without the confounding effect of differences in age.

293. The SMR is calculated as the observed number of events (deaths by suicide) in the study population divided by the number of events that would be expected if the study population had the same age and sex specific rates as the comparison population. SMRs greater than 1.0 indicate a greater number of suicides in the ADF population than expected; and SMRs less than 1.0 indicate a lower number of suicides than expected in the ADF population.
294. Unlike suicide rates, SMRs only provide information about the 2 populations the statistic is based on. Comparing SMRs cannot be used to draw conclusions about the relative adjusted mortality rates of the study populations. This is because each SMR measure provides a comparison that is specific to the 2 populations involved.

Confidence Intervals

295. Confidence intervals of 95% were used in the calculation of SMRs. Broadly speaking wider CIs imply less certainty around a calculated value, and narrower CIs imply more certainty. Specifically, a CI at 95% suggests that repeated samples calculating the CI in the same manner would contain the true value 95% of the time.

Using confidence intervals to test for statistical significance

296. Statistical significance is based on a measure that indicates how likely it is that an observed difference, or a larger one, would occur under the conditions of the null hypothesis.
297. 95% confidence intervals (CIs) are provided for each standardised mortality ratio (SMR) to indicate the level of uncertainty around these estimates due to random fluctuations in the number of suicides over time. Estimates produced using low numbers can be sensitive to small changes in numbers of deaths over time and will therefore have wide CIs. CIs at 95% are provided within this report as they may account for the variation in absolute numbers of deaths by suicide over time (related to the small sample size). These assume that the suicide counts used in this analysis can be described by a Poisson distribution.
298. It is important to note that there are other sources of uncertainty, such as the linkage error, that are not captured by the provided CIs.
299. Use of CIs is the simplest way to test for significant differences between service groups and Australian comparison groups. For the purpose of this report, differences are deemed to be statistically significant if CIs do not overlap with 1.0.

Population and suicide monitoring period

300. The population used in this report includes all ADF members who have served at least one day since 1 January 1985. As of 31 December 2021, around 391,000 Australians had served at least one day in the ADF between 1 January 1985 and 31 December 2021. Of these, 386,000 were still alive, comprising 59,000 permanent, 16,000 reserve, and 311,000 ex-serving.

Limitations in the study population

301. The study population does not include ADF members with service prior to 1 January 1985. The analysis is constrained by technical limitations in Department of Defence systems and information infrastructure for records before 1985.

Potential disparity due to dates mismatch between study cohort and suicide monitoring

302. The study population used in this report comprises all members with ADF service since 1 January 1985, whereas suicide rates are calculated from 1997 to 2021. This gap between the beginning of the study period (1985) and the monitoring period (1997), means there are suicides from the period 1985 to 1996 that are not captured in this analysis.
303. Therefore, for the ex-serving population, there is potentially a slight bias in the suicide rate towards those who live longer (1997 onwards) for those who have served from 1985. However, the inclusion of the post-1985 cohort allows for a more complete picture of the deaths by suicide post-1997 among more of the ex-serving population.

References

304. ABS (Australian Bureau of Statistics) (2018) *Causes of death, Australia, 2017*, ABS website, accessed 11 June 2019.
305. ABS (2022) *Causes of Death, Australia*, ABS website, accessed 26 October 2023.

Data sources

306. The information in this report is based on information on members of the 3 ADF service status groups from Department of Defence as well as mortality data from AIHW, ABS and NCIS. The details of these sources are as follows:
307. **Cause of Death Unit Record File data.** Cause of Death Unit Record File data are provided to the Royal Commission by the Australian Coordinating Registry as compiled by the ABS on behalf of Registrars of Births, Deaths and Marriages. Cause of death and demographic items are coded by the ABS from data originating from the Registrars of Births, Deaths and Marriages and the NCIS (managed by the Victorian Department of Justice and Community Safety).
308. **AIHW list of identified ADF suicides.** A list of identified ADF suicides is managed by the AIHW and is derived from the NDI records linked with Defence payroll data to create the linked Defence payroll–NDI data set.
309. **National Coronial Information System (NCIS) data.** The National Coronial Information System (NCIS) is a data repository containing information on deaths reported to a coroner in Australia. The database contains coded and non-coded data including demographic information about the deceased and contextual information about the nature of the fatality.

310. **Department of Defence personnel system data.** The Department of Defence compiled a file of current and historical Defence personnel systems covering ADF members who have served since 1 January 1985. This combines PMKeyS, Core HR system, D1, CENRESPAY (for reservists), ADFPAY (for permanent members) and other historical payment systems. The Department of Defence and AIHW assessed the resulting file for completeness and duplicates. Comparisons were made with records from Department of Defence annual reports and other sources to validate the list. Data from the National Archives was also investigated for its suitability in validation, however as the majority of records are electronic files based on photos of paper records, this was not usable.
311. **Defence Suicide Database (DSD).** The Defence Suicide Database is a list of confirmed and suspected suicides of primarily permanent members of the ADF
312. **Defence Work Health and Safety (WHS) Data.** Sentinel is the preferred method for notification and reporting of all Work Health and Safety (WHS) Incidents in Defence.
313. **Conduct Reporting and Tracking System (CRTS).** The Conduct Reporting and Tracking System (CRTS) enables the capture of, and the reporting on, the key milestone steps relating to incidents and investigations. These include the date and nature of an alleged offence, the authority conducting the investigation, investigation duration and the unit's decision regarding follow-up action (for example; a charge under the DFDA or the imposition of an administrative sanction).

Defence data source and data quality information

314. A validation process was undertaken with Defence for each service characteristic reported upon within the analysis. The below section includes information from that validation process, including population tables to assist researchers in reproducing the various ADF groups for use in future research.

Royal Commission list of suicide deaths

Count Validation

315. The Royal Commission list of suicide deaths underwent a validation process with Defence from 21 November 2023 to 21 December 2023. Defence noted 10 individuals that were not known to Defence as having died by or as being suspected to have died by suicide that were in scope of this analysis and were not confirmed suicide deaths. Nine were ex-serving members who served in the permanent forces and 1 was an ex-serving member served solely in the reserve forces. These deaths were suspected deaths as reported to the Royal Commission by Open Arms and/or DVA.

Prior service status

Data source

316. Defence Personnel Management Key Solution (PMKeyS) data and the Royal Commission suicide list underpins this analysis.

Data quality

317. Defence did not identify any data quality issues with this data.

Count Validation

318. As part of the validation process Defence was asked to replicate the ADF death by suicide counts for the above ADF population. In Defence's view:

Defence has undertaken analysis for the purpose of seeking to replicate or check the VP[01] Counts Table provided by the Royal Commission under cover of its letter dated 18 January 2024. Defence notes that there are variances between the counts contained in the Commission's Counts Table provided and the counts Defence has generated using raw data aggregates. However, Defence considers that the trends appear to be similar.

By way of possible explanation for the variance, Defence notes the following:

- There may be discrepancies in handling of the duplicate records.
- Defence's analysis and testing uses all of PMKeyS record history, so Defence may have picked up periods of Regular service that occur before 1985.
- There are potential errors or gaps in date of death data (eg, blank fields / year only values).

319. The Royal Commission subsequently, and where appropriate, updated the list to reflect the service status identified by Defence, predominantly to reflect Defence's analysis using PMKeyS record history for periods of permanent service that occurred before 1985, which were not part of the data produced to the Royal Commission.

Deployment

Data source

320. Defence Personnel Management Key Solution (PMKeyS) data and the Royal Commission suicide list underpins this analysis.

Data quality issues

321. Defence identified the following data quality issues:

There are some differences in the information that is captured in relation to an operational deployment based on the nature of service undertaken during that deployment. These include:

- Services can record operations quite differently depending on the activities. For example, a pilot or load master may fly in and out of a specified area of operation multiple times over a period of months and this would be recorded as multiple deployments. However, a ship or unit that deploys for a longer duration which may move in and out of the specified area of the operation numerous times may only be recorded as having conducted 1 deployment.
- Peace-time operations largely do not record events based on time within the specified area of the operation (WSA days).

Count Validation

322. As part of the validation process Defence was asked to replicate the ADF death by suicide counts for the above ADF population. In Defence's view:

The variance between Defence's total suicide counts and the Royal Commission's total Suicide Counts was nine. Based on the logic of the statistical code and the relatively low variance, Defence considers the degree of variance may be unproblematic in terms of what Defence understands is the stated aim.

323. The Royal Commission notes that Defence used current systems, rather than the data provided to the Royal Commission, to validate the data. The minor variations are likely due to this factor or minor discrepancies in handling of the duplicate records.

Enlistment age

Data source

324. Defence Personnel Management Key Solution (PMKeyS) data and the Royal Commission suicide register underpins this analysis.

Data quality issues

325. Defence did not identify any data quality issues with this data.

Count Validation

326. As part of the validation process Defence was asked to replicate the ADF death by suicide counts for the above ADF population. In Defence’s view:
- Defence has undertaken analysis for the purpose of seeking to replicate or check the VP[04] Counts Table provided by the Royal Commission under cover of its letter dated 29 January 2024.
- Defence notes that there are variances between the counts contained in the Commission’s Counts Table provided and the counts Defence has generated using raw data aggregates. However, Defence considers the variance between the Royal Commission’s counts and Defence’s counts to be minimal.
- On that basis, Defence considers the methodology underpinning VP[04] may be reasonable and appropriate.
327. The Royal Commission notes that Defence used current systems, rather than the data provided to the Royal Commission, to validate the data. The minor variations are likely due to this factor or minor discrepancies in handling of the duplicate records.

Reason for separation

Data source

328. Defence Personnel Management Key Solution (PMKeyS) data and the Royal Commission suicide list underpins this analysis.

Category groupings

329. The following table presents how categories were aggregated and is provided to promote future research.

Table 38 Grouping of reasons for separation using the PMKeyS last_regular_termination_reason and last_termination_reason variables.

PMKeyS last_regular_termination_reason	last_termination_reason
Separation reason type	Last regular termination reason/ Last termination reason
Voluntary Resignation	Military - Resignation Resigned Resign
Voluntary Withdrawal within 90 days of enlistment	Mil-Within 90days of enlistmnt (Military—Withdrawal within 90 days of enlistment)

PMKeyS last_regular_termination_reason	last_termination_reason
Voluntary (Other)	APS Resignation Retired Comp FTS Disch OEE (Discharge–open ended engagement) Elective Military - Failed to Enlist Military - Completed CFTS Military -Voluntary Redundancy Optional Own Req (Own requirement) RI 088-4-5 (Regulation instrument 088-4-5) Vol Redund (Voluntary redundancy) SR Separated Non Attendance SR Separated Non Contactable Military-Retired after CRAdate
Involuntary medical	Med Unfit Military-Medical Unfit Service
Involuntary Retention not in service interest	Mil-Retentn Not In Srvc Intrst (Retention not in service interest) Not in Int (Retention not in service interest)
Involuntary in Absence	Disch Abs Military - In Absence
Involuntary Discipline	Military - Civil Offence Misconduct Military - Disciplinary

PMKeyS last_regular_termination_reason	last_termination_reason
Involuntary (Other)	Appt Canc (Appointment cancelled) Appt Term (Appointment terminated) Marriage Military-Below Fitness Standrd Mil-False statemnt on enlistmt Military-Irregular enlistment Military - Training Failure Mil-Unsuit For Svc DPR 87-1-e (Unsuitable for service (Defence personnel regulation 87-1-e)) Phys Stnd (Physical standard) Phys Unfit (Physically unfit) Military-Compulsory Retire Age Mil-Comd Initiated Tfr to RES Separate - Other Reason Disch Unq
Contractual/Admin	Ceased Comp SSC Eng Expire Data Migration Requirement Military – Contract Completed Rev O/Svc Tfr O/Svc Tfr REL Tfr Rsvs

Data quality issues

330. Defence did not identify any data quality issues with this data.

Count Validation

331. As part of the validation process Defence was asked to replicate the ADF death by suicide counts for the above ADF population. In Defence's view:

Defence notes that there are variances between the counts contained in the Commission's Counts Table provided and the counts Defence has generated using raw data aggregates. However, Defence considers the variance between the Royal Commission's counts and Defence's counts to be minimal.

On that basis, Defence considers the methodology underpinning VP[02] may be reasonable and appropriate.

However, Defence notes that its attempt to replicate the VP[02] Counts Table are based on its assumptions as to appropriate filtering rules based on its understanding of the methodology underpinning VP[02].

332. The Royal Commission notes that Defence used current systems, rather than the data provided to the Royal Commission, to validate the data. The minor variations are likely due to this factor or minor discrepancies in handling of the duplicate records.

Separation during initial training

Data source

333. Defence Personnel Management Key Solution (PMKeyS) data and the Royal Commission suicide register underpins this analysis.

Data quality issues

334. Defence identified the following data quality issues:

There are no known data quality issues for workforce data post 2001 for these attributes.

Count Validation

335. As part of the validation process Defence was asked to replicate the ADF death by suicide counts for the above ADF population. In Defence's view:

The Defence figures based on the Revised DBS List records and service categories, dates of death and service period and Inferred population rules below arrived at a member count of 478, the Suicide Counts table has 491. In most cases, there was a good degree of correlation of counts.

336. The Royal Commission notes that Defence used current systems, rather than the data provided to the Royal Commission, to validate the data. The minor variations are likely due to this factor or minor discrepancies in handling of the duplicate records.

Trained Force

Data source

337. Defence Personnel Management Key Solution (PMKeyS) data and the Royal Commission suicide register underpins this analysis.

Data quality issues

338. Defence identified the following data quality issues:

There are no known data quality issues for workforce data post 2001 for these attributes.

Count Validation

339. As part of the validation process Defence was asked to replicate the ADF death by suicide counts for the above ADF population. In Defence's view:

The Defence figures based on the Revised DBS List records and service categories, dates of death and service period and Inferred population rules below arrived at a member count of 478, the Suicide Counts table has 491. In most cases, there was a good degree of correlation of counts

340. The Royal Commission notes that Defence used current systems, rather than the data provided to the Royal Commission, to validate the data. The minor variations are likely due to this factor or minor discrepancies in handling of the duplicate records.

Occupational groups

Data source

341. Defence Personnel Management Key Solution (PMKeyS) data and the Royal Commission suicide list underpins this analysis.

Data quality issues

342. Defence did not identify any data quality issues with this data.

Count Validation

343. As part of the validation process Defence was asked to replicate the ADF death by suicide counts for the above ADF population. In Defence's view:

Defence cannot exactly replicate the Royal Commission's Suicide Counts. However, based on inferred filtering rules that Defence assumes are used in the presented results Defence can achieve counts that are similar.

Based on these inferred rules, Defence achieved a total count of 667 members, whereas the Royal Commission's Suicide Counts had a total count of 676. That is, the variance between Defence's counts and the Suicide Counts was nine. Except for those nine additional members, Defence's counts appear to match the pattern of the Royal Commission's Suicide Counts.

344. The Royal Commission notes that Defence used current systems, rather than the data provided to the Royal Commission, to validate the data. The minor variations are likely due to this factor or minor discrepancies in handling of the duplicate records.

Occupation

Data source

345. Defence Personnel Management Key Solution (PMKeyS) data and the Royal Commission suicide list underpins this analysis.

Data quality issues

346. Defence identified the following data quality issues:

Defence notes that Data quality issues exist for older data and/or in relation to defunct trades as the 'Category Long Description' data is a relatively new construct/variable applied to Defence personnel which caters only for occupations that have been used post 2001 and which is used for workforce planning purposes (not for personnel management purposes).

Count Validation

347. As part of the validation process Defence was asked to replicate the ADF death by suicide counts for the above ADF population. In Defence's view:

There is variance between the counts that Defence generated in an attempt to replicate the Royal Commission's Suicide Counts. However, Defence considers the variance between the Royal Commission's counts and Defence's counts to be minimal.

348. The Royal Commission notes that Defence used current systems, rather than the data provided to the Royal Commission, to validate the data. The minor variations are likely due to this factor or minor discrepancies in handling of the duplicate records.

Work Health Safety reporting

Data source

349. Sentinel WHS system data and the Royal Commission death by suicide list underpins this analysis.

Category groupings

350. The following table presents how categories were aggregated and is provided to promote future research.

Table I1 Incident type and selection criteria

Incident Type	Incident Selection Criteria
Psychosocial	Hazard Type = 'Psychosocial' or Parent Mechanism Causing Injury Name = 'Mental Stress' or Event Workplace Bullying Response = 'Yes'
Electrical	Hazard Type = 'Electrical' or Mechanism Causing Injury Name = 'Contact With Electricity' or Parent Activity Being Perform Name = 'Electrical Work'
Chemicals	Hazard Type = 'Chemicals' or Mechanism Causing Injury Name = 'Long Term Contact With Chemicals' or Substances' or Mechanism Causing Injury Name = 'Other And Unspecified Contact With Chemical Or Substance' or Mechanism Causing Injury Name = 'Single Contact With Chemical' or Substance' or Root Cause Type Name = 'Chemicals' or Root Cause Type Name = 'Gas Dust or Fumes'
Vehicle Accidents	Hazard Type = 'Land Transport' or Parent Mechanism Causing Injury Name = 'Vehicle Incidents And Other'
Body Stressing	Parent Mechanism Causing Injury Name = 'Body Stressing'
Falls, Trips & Slips	Parent Mechanism Causing Injury Name = 'Fall, Trips And Slips By Person'

Incident Type	Incident Selection Criteria
Noise	Hazard Type = 'Noise' or Root Cause Type Name = 'Noise' or Mechanism Causing Injury Name = 'Explosion' or Mechanism Causing Injury Name = 'Exposure To Single, Sudden, Sound' or Mechanism Causing Injury Name = 'Long Term Exposure To Sounds'
Motion	Mechanism Causing Injury Name = 'Being Hit By Falling Objects' or Mechanism Causing Injury Name = 'Being Hit By Moving Objects' or Mechanism Causing Injury Name = 'Being Trapped Between Stationary And Moving Objects' or Mechanism Causing Injury Name = 'Being Trapped By Moving Machinery or Equipment' or Mechanism Causing Injury Name = 'Hitting Moving Objects' or Mechanism or Causing Injury Name = 'Hitting Stationary Objects'
Heat	Mechanism Causing Injury Name = 'Exposure To Environmental Heat'
Biological Factors	Mechanism Causing Injury Name = 'Contact With, or Exposure To, Biological Factors Of Human Origin' or Mechanism Causing Injury Name = 'Contact With, or Exposure To, Biological Factors Of Non-Human Origin' or Mechanism Causing Injury Name = 'Contact With, or Exposure To, Biological Factors Of Unknown Origin'
Other	All other incidents that do not meet any of the above criteria

Data quality issues

351. Defence identified the following data quality issues:

Defence notes that there will be inconsistency in terms of data capturing, because incidents were reported and reviewed by safety officers from different Defence Groups and Services and there is a lack of consistent guidance or standard business rules across Defence on the specific information to be detailed. To compensate for record inconsistencies, Defence uses multiple fields to classify each incident by its incident type(s) in reporting, instead of solely using the injury type. For example, psychosocial incidents can be identified by at least one of the following criteria in the Sentinel data:

Hazard classification is 'Psychosocial'

Parent Mechanism of Injury is 'Mental Stress'

Event Workplace Bullying Response is 'Yes'.

Note that a psychosocial incident (e.g. suspected suicide) may be recorded as having a physical injury instead of 'Mental Stress'.

Defence notes TOOCS coding does not have chronic or repetitive exposure type injuries. However, such injuries often result in hospitalisation that would be recorded in the Defence electronic Health System (DeHS). DeHS access is strictly controlled due to privacy concerns, and thus Defence is unable to link injury data to inpatient/treatment data at this point in time.

The overall data quality in the WHS data provided to Royal Commission has improved over time. The older WHS data provided was recorded on paper forms and digitised. Those paper forms did not facilitate recording as many fields (columns/variables) as for the newer events which are recorded in the Sentinel WHS system, and there were fewer mandatory fields. Accordingly, the older data provided is less complete than the newer data.

Defence also notes that, as a WHS event progresses through its workflow the quality of the data is checked by supervisors, investigators, and the quality assurance team within the WHS Branch. However, this workflow does not always occur for cancelled and rejected WHS events. The Royal Commission may be able to gain useful insight from cancelled and rejected WHS events, so Defence does not recommend removing them from the analysis, however it is worth noting that they have not gone through the same data quality checks as other completed WHS events.

Hazard Source data is only available in events recorded in Sentinel. As such, there is no data for this field for legacy events prior to 2014. That may limit its viability for long term analysis and has limited the amount of data in relation to the third (Hazard Type) analysis in this document.

Count Validation

352. As part of the validation process Defence was asked to replicate the ADF death by suicide counts for the above ADF population. In Defence's view:

Defence were able to replicate the results to within a very small margin of error – a total count of 425 over a total of 205 combinations of data. The Royal Commission's result set has a count of 422 over a total of 203 combinations of data. Most of the combinations and counts do match exactly

353. The Royal Commission notes that Defence used current systems, rather than the data provided to the Royal Commission, to validate the data. The minor variations are likely due to this factor or minor discrepancies in handling of the duplicate records.

IGADF data source and data quality information

Discipline

Data source

354. Conduct Reporting and Tracking System (CRTS) and the Royal Commission death by suicide list underpins this analysis.

Count Validation

355. The Royal Commission validated the data using the information available in the Judge Advocate General DFDA report 2021.

Data quality statement

356. The data quality statement underpinning the NDI can be found at: [National Death Index \(NDI\), Data Quality Statement](#)

357. The data quality statements underpinning the AIHW National Mortality Database can be found in the following Australian Bureau of Statistics (ABS) publications:

- ABS quality declaration summary for [Deaths, Australia methodology, 2021](#)
- ABS quality declaration summary for [Causes of Death, Australia methodology, 2020](#)

358. For more information on the AIHW National Mortality Database, see [Deaths data at AIHW](#) and the [National Mortality Database](#).

Endnotes

- 1 State of Victoria, Department of Health and Human Services, May 2018, Association and causation A guide for policymakers on the science of determining the causes of diseases and other health outcomes (health.vic.gov.au) p. 3
- 2 National Mental Health Commission, 'National Report 2022: Reflections on a Journey of Change', National Report 2022: Reflections on a Journey of Change | National Mental Health Commission, viewed 26 May 2024. p. 2.
- 3 Australian Institute of Health and Welfare, 'Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021 Report editions webpage, last updated 21 November 2023, Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021, Report editions - Australian Institute of Health and Welfare, viewed 19 June 2024
- 4 Exhibit 30-03.009, Hearing Block 4, Royal Commission into Defence and Veteran Suicide: Introductory Briefing, STU.0001.0001.5446 at 5461. P.25
- 5 Exhibit 30-03.009, Hearing Block 4, Royal Commission into Defence and Veteran Suicide: Introductory Briefing, STU.0001.0001.5446 at 5461. P.25
- 6 Australian Institute of Health and Welfare (2023) Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021, catalogue number PHE 327, AIHW, Australian Government. P. 60
- 7 Exhibit 82-03.036, Department of Defence, Response to Notice to Give NTP-ACA-001, ACA.1001.0005.2002 at p.61
- 8 Exhibit 82-03.036, Department of Defence, Response to Notice to Give NTP-ACA-001, ACA.1001.0005.2002 at p. 751
- 9 Dell, L., Fredrickson, J., Cowlishaw, S., Sadler, N., Crane, M., Lewis, V., O'Donnell, M., Terhaag, S., Cole, R., and Forbes, D. (2019) LASER-Resilience: Patterns and Predictors of Wellbeing. Report prepared for the Australian Government Department of Defence. Phoenix Australia: Melbourne. P.30
- 10 Exhibit 82-03.036, Department of Defence, Response to Notice to Give NTP-ACA-001, ACA.1001.0005.2002 at p. 36
- 11 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 12 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 13 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 14 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 15 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 16 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 17 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 18 Exhibit EE-01.001, Department of Defence, Response to Notice to Give NTG-DEF-284, DEF.9999.0196.0001 at Table 4.1
- 19 Further details on occupations can be found on the ADF Careers website at: <https://www.adfcareers.gov.au/jobs>
- 20 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 21 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 22 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 23 The relevant ECN (Crewman (Cavalry)) was amended in March 2010 to Cavalryman. From 7 April 2016 onwards, crewmen categories of Tank Crewman, Cavalryman and APC Crewman were merged into a single Armoured Cavalry employment category.
- 24 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006

- 25 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 26 The relevant position (Communications Systems) was amended in July 2020 to Battlespace Communications Specialist
- 27 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 28 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 29 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 30 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 31 The relevant position (Mechanic Vehicle) was amended in May 2023 to Vehicle Technician
- 32 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 33 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 34 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 35 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 36 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 37 The relevant position (Operator Supply Chain) was amended August 2014 to Supply Chain Operator; and amended in March 2021 when amalgamated with Unit Quartermaster to Distribution Operator
- 38 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 39 Exhibit UU-01.012, Department of Defence, Response to Notice to Give NTG-DEF-280, DEF.9999.0183.0006
- 40 Exhibit 95-01.004, Hearing Block 12, Defence Safety Manual (Safetyman), DEF.1167.0010.0064 at 0240.
- 41 Submission from Defence, Defence response to VP[11] (Work Health Safety Paper) dated 21 February 2024
- 42 Safe Work Australia Interactive Data Website, Type of occurrence classification system (TOOCS) 3rd Edition webpage, Type of occurrence classification system (TOOCS) 3rd Edition (PDF) (safeworkaustralia.gov.au), viewed 19 June 2024
- 43 Submission from Defence, Defence response to VP[11] (Work Health Safety Paper) dated 21 February 2024
- 44 Safe Work Australia Interactive Data Website, Type of occurrence classification system (TOOCS) 3rd Edition webpage, Type of occurrence classification system (TOOCS) 3rd Edition (PDF) (safeworkaustralia.gov.au), viewed 19 June 2024
- 45 Exhibit JJ-01.007, Department of Defence, Response to Notice to Give NTG-DEF-299, Judge Advocate General Defence Force, Defence Force Discipline reports, Discipline Act Reports, DEF.1299.0004.0137 at annex B.
- 46 Exhibit JJ-01.007, Department of Defence, Response to Notice to Give NTG-DEF-299, Judge Advocate General Defence Force, Defence Force Discipline reports, Discipline Act Reports, DEF.1299.0004.0137at annex B.
- 47 Exhibit 39-02.007 - DEF.9999.0015.0001 - Annexure A to Statement of Dr Darrel Duncan | Royal Commission into Defence and Veteran Suicide
- 48 Exhibit 47-03.008, Department of Defence, Response to Notice to Give NTG-DEF-037, DEF.9999.0025.0133 pp 799-800
- 49 Military - Death, Disch, Discharge, Discharged, Unknown are not included in the analysis

Appendix J Comparative hospital admissions for self-harm and mental health

1 Reader caution

1. **Caution:** some readers may find parts of this content confronting or distressing.
2. Please carefully consider your needs when reading the following information about suicide. This report contains information on numbers of deaths by suicide for ex-serving members of the ADF. This report also contains information on methods used for suicide. This report may be distressing to some readers. Please consider your need to view this information.
3. If this material raises concerns for you, support is available. Please contact Lifeline on [13 11 14](tel:131114), or Defence All-hours Support Line on [1800 628 036](tel:1800628036), or Open Arms - Veterans and Families Counselling on [1800 011 046](tel:1800011046), all of which are available free of charge, 24 hours a day, 7 days a week.
4. The information included here places an emphasis on data, and as such, can appear to depersonalise the pain and loss behind the statistics. The Royal Commission and AIHW acknowledges the individuals, families and communities affected by ADF member and veteran suicide each year in Australia.
5. The DVSRC encourages the adoption of responsible reporting in any publications. The DVSRC supports the use of the [Mindframe guidelines](#) on responsible, accurate and safe suicide and self-harm reporting.

2 Summary

6. This analysis, undertaken as a collaboration between the Royal Commission into Defence and Veteran Suicide and the Australian Institute of Health and Welfare (AIHW), explores rates of suicide, mortality rates, and admissions to public hospitals of ex-serving members who served in the permanent forces, and ex-serving members who served solely in the reserve forces.
7. Information on the ex-serving population scope and the monitoring period can be found in the technical notes.
8. The following summary statistics compare proportions among ADF members who were admitted to a public hospital with proportions among Australians who were admitted to a public hospital. Ex-serving ADF members are those who served at least one day since 1 January 1985; the monitoring period was 1 July 2010 to 30 June 2020.

9. For the purposes of this report, 'patients' is defined as those who were admitted to a public hospital from 1 July 2010 to 30 June 2020.

Table J1 Summary of findings and detailed findings

Summary of findings	Detailed findings
Ex-serving male patients who served in the permanent forces or solely in the reserve forces were more likely to have been admitted to a public hospital with an intentional self-harm related diagnosis compared to Australian male patients.	In each year, among public hospital patients, ex-serving male patients who served in the permanent forces were 90% more likely to be admitted to a public hospital for a self-harm related diagnosis at least once compared to Australian male patients (1.6% vs 0.8%). For ex-serving male patients who served solely in the reserve forces, this was 20% more likely compared to Australian male patients (1.0% vs 0.8%).
Ex-serving female patients who served in the permanent forces or solely in the reserve forces were more likely to have been admitted to a public hospital with an intentional self-harm related diagnosis compared to Australian female patients.	In each year, among public hospital patients, ex-serving female patients who served in the permanent forces were 160% (or 2.6 times) more likely to be admitted to a public hospital for a self-harm related diagnosis at least once compared to Australian female patients (2.5% vs 0.9%). For ex-serving female patients who served solely in the reserve forces, this was 90% (or 1.9 times) more likely compared to Australian female patients (1.8% vs 0.9%).
Ex-serving patients who served in the permanent forces or solely in the reserve forces were more likely to have been admitted to a public hospital for stress-related mental health conditions than Australian patients.	Compared to age-matched Australian patients, ex-serving patients are more likely to be admitted to a public hospital for stress-related mental health conditions, with the likelihood increasing with age. Ex-serving male patients aged 65 or more who served in the permanent forces are 430% (or 5.3 times) more likely to be admitted for stress-related mental health conditions (0.5% vs 0.1%) and ex-serving female patients aged 55 to 64 who served in the permanent forces are 250% (or 3.5 times) more likely to be admitted for stress-related mental health conditions (1.0% vs 0.3%) compared to Australian patients.

3 Introduction

10. Data tables were prepared for the Royal Commission into Defence and Veteran Suicide (the Royal Commission) by the Australian Institute of Health and Welfare (AIHW). While the data was prepared by AIHW, the interpretation of the data is the work of the Royal Commission. This appendix is the culmination of an ongoing collaboration between our two organisations. For more information and statistics about the veteran population published by AIHW, please see the [AIHW Veterans home page](#).

11. Ex-serving ADF members can have either served in the permanent or reserve forces, or a combination of both, over their ADF service career. This is a very important distinction and one that had not been explored in analysis prior to the establishment of the Royal Commission.
12. The level of service, duties and obligations, career paths, exposure to ADF culture, and time absent from family, friends and support networks, vary significantly between services in the permanent and reserve forces. Therefore, the Royal Commission has elected to report on ex-serving members who served in the permanent forces separately from those who served only in the reserve forces.
13. Throughout this appendix, ex-serving members who were at any time engaged in permanent service will be considered 'permanent ex-serving', even if they were engaged in the reserve service before fully separating. By contrast, those who joined and served solely in a reserve capacity will be considered 'reserve ex-serving'.
14. In addition to categorising ex-serving members by their prior service status group (permanent ex-serving or reserve ex-serving), the Royal Commission sought analysis in four specific areas which, at the time of our inquiry, were considered evidence gaps. They are:
 - rates of suicide, including detailed separation reasons (see Appendix I)
 - mortality rates for road crashes, deaths of despair and other preventable deaths (see Appendix K)
 - mechanisms of death (see Appendix K)
 - hospital admissions for self-harm and mental health-related conditions (see Appendix J).
15. Unless otherwise noted, this appendix includes information on ADF members who have served at least one day since 1 January 1985. Tables 1 to 26 reflect deaths reported between 1 January 1997 and 31 December 2021.

4 Data analysis

4.1 Comparative proportions of public hospital patients

16. At the establishment of our inquiry, analysis of data on hospital admissions for ex-serving members for self-harm and mental health related conditions was not available for ex-serving members.
17. This section presents proportions of ex-serving patients with hospital admissions for self-harm and mental health-related conditions in each year, from 1 July 2010 to 30 June 2020, broken down by service status group (permanent ex-serving or reserve ex-serving). Throughout this report, frequency of patient admission has been counted in 'patient years' whereby a patient is counted for each year in which they were admitted to hospital during the analysis period. Proportions have then been derived from patient years.

18. For the purposes of this report, 'patients' is defined as those who were admitted to a public hospital from 1 July 2010 to 30 June 2020. This analysis includes public hospital data from Queensland, New South Wales, Victoria, South Australia, Tasmania and the Australian Capital Territory. Private hospital data was not available for most jurisdictions and was therefore excluded.
19. Unlike the comparative suicide rates and select causes of death in Appendix K, these results are not adjusted to control for differences in age distributions between ex-serving members and the Australian population. Rates of hospitalisation among the ex-serving population could not be determined at the time of reporting due to the gap in jurisdictional coverage of the patient data and the lack of whole of population ex-serving counts disaggregated by these jurisdictions.
20. Where results are presented for comparison between ex-serving member patients and the Australian population patients aged 17 and over, it is recommended that these results be interpreted in parallel with comparator statistics for the individual age groupings for the cohort presented in annexure A, which better control for the differences in age distribution between ex-serving members and Australian public hospital patients.
21. Ideally, proportions of patient years for ex-serving members and patient years for the Australian population would be presented in this appendix, however it was not possible due to the physical constraints of presenting large tables in an appendix format. The full analysis can be found at Appendix J.

Mental health diagnoses for male ex-serving members

In brief:

Stress-related

During each year of the analysis period, among public hospital patients, ex-serving male patients who served in the permanent forces were more likely to be admitted for a stress-related mental health condition at least once than Australian male patients (2.0% vs 0.6%).

Ex-serving male patients who served solely in the reserve forces were 90% more likely to be admitted to a public hospital for a stress-related mental health condition than Australian male patients (1.1% vs 0.6%), with admissions increasing in older age ranges.

Depression

During each year of the analysis period, among public hospital patients, ex-serving male patients who served in the permanent forces were 110% (or 2.1 times) more likely to be admitted for a depression-related mental health condition than Australian male patients (1.5% vs 0.7%).

Ex-serving male patients who served solely in the reserve forces were 60% more likely to be admitted to a public hospital for a depression-related mental health condition than Australian male patients (1.1% vs 0.7%).

Stress-related

22. From 2010 to 2020, each year on average, the proportion of ex-serving male public hospital patients who served in the permanent forces and were aged 17 and over, that were admitted to a public hospital for a stress-related mental health condition at least once, was 240% (or 3.4 times) greater than for Australian male patients aged 17 and over (2.0% vs 0.6%). Notably, the difference in proportion of ex-serving patients with stress-related mental health conditions was lowest for the younger age ranges (40% greater for patients aged 17 to 24), increasing with age to 430% (or 5.3 times) for patients aged 65 and above, compared to Australian male patients in the same age ranges (2.0% vs 1.4% and 0.5% vs 0.1% respectively).
23. The proportion of ex-serving male patients who served solely in the reserve forces and were aged 17 and over that were admitted to a public hospital for a stress-related mental health condition was 90% greater than for Australian male patients aged 17 and over (1.1% vs 0.6%).

Depression

24. From 2010 to 2020, each year on average, the proportion of ex-serving male public hospital patients who served in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for a depression-related mental health condition at least once, was 110% (or 2.1 times) greater than for Australian male patients aged 17 and over (1.5% vs 0.7%).
25. The proportion of ex-serving male patients who served solely in the reserve forces, and were aged 17 and over, that were admitted to a public hospital for depression-related mental health condition was 60% (or 1.6 times) greater than for Australian male patients aged 17 and over (1.1% vs 0.7%).

Table 1 Comparative proportions of public hospital patients with mental health-related diagnosis, ex-serving males, by prior service status and service-related characteristics, 2010-20

Male ex-serving Mental health diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Any mental health-related	8,604	40%↑	Yes (1.4, 1.4)	3,914	10%↑	Yes (1.1, 1.2)
Age 17-24	308	20%↑	Yes (1.0, 1.3)	49	10%↓	No (0.7, 1.2)
Age 25-34	1,552	30%↑	Yes (1.3, 1.4)	451	10%↓	Yes (0.8, 1.0)
Age 35-44	2,673	30%↑	Yes (1.3, 1.4)	1,466	10%↓	Yes (0.9, 1.0)
Age 45-54	2,641	30%↑	Yes (1.2, 1.3)	1,408	10%↑	Yes (1.0, 1.2)
Age 55-64	916	20%↑	Yes (1.1, 1.3)	367	0%	No (0.9, 1.1)
Age 65+	610	10%↑	No (1.0, 1.1)	202	30%↓	No (0.6, 0.8)
Stress related	2,017	240%↑	Yes (3.3, 3.6)	630	90%↑	Yes (1.7, 2.0)
Age 17-24	48	40%↑	Yes (1.1, 1.9)	9	30%↑	No (0.7, 2.4)
Age 25-34	386	190%↑	Yes (2.6, 3.2)	68	20%↑	No (1.0, 1.5)
Age 35-44	673	200%↑	Yes (2.8, 3.2)	250	40%↑	Yes (1.3, 1.6)
Age 45-54	582	160%↑	Yes (2.4, 2.8)	230	70%↑	Yes (1.5, 1.9)
Age 55-64	244	280%↑	Yes (3.3, 4.3)	49	60%↑	Yes (1.2, 2.1)
Age 65+	99	430%↑	Yes (4.3, 6.4)	26	180%↑	Yes (1.9, 4.1)

		Permanent ex-serving			Reserve ex-serving		
Male ex-serving	Mental health diagnosis	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Anxiety		553	50%↑	Yes (1.4, 1.6)	289	40%↑	Yes (1.2, 1.6)
Age 17-24		n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34		101	60%↑	Yes (1.3, 1.9)	33	20%↑	No (0.9, 1.7)
Age 35-44		152	50%↑	Yes (1.3, 1.8)	96	20%↑	No (1.0, 1.5)
Age 45-54		159	30%↑	Yes (1.1, 1.5)	104	40%↑	Yes (1.1, 1.6)
Age 55-64		72	30%↑	No (1.0, 1.6)	38	40%↑	Yes (1.0, 1.9)
Age 65+		48	30%↑	Yes (1.0, 1.8)	17	0%	No (0.6, 1.6)
Depression		1,462	110%↑	Yes (2.0, 2.2)	620	60%↑	Yes (1.4, 1.7)
Age 17-24		45	30%↑	Yes (1.0, 1.8)	6	10%↓	No (0.4, 1.9)
Age 25-34		237	110%↑	Yes (1.8, 2.3)	45	10%↓	No (0.7, 1.2)
Age 35-44		451	110%↑	Yes (1.9, 2.3)	235	40%↑	Yes (1.2, 1.6)
Age 45-54		478	70%↑	Yes (1.6, 1.9)	247	40%↑	Yes (1.3, 1.6)
Age 55-64		181	50%↑	Yes (1.3, 1.8)	72	30%↑	Yes (1.0, 1.6)
Age 65+		82	50%↑	Yes (1.2, 1.9)	19	30%↓	No (0.5, 1.1)
Bipolar and other mood disorders (excluding depression)		799	80%↑	Yes (1.6, 1.9)	434	70%↑	Yes (1.5, 1.8)
Age 17-24		n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34		148	70%↑	Yes (1.5, 2.0)	47	30%↑	No (1.0, 1.7)
Age 35-44		249	60%↑	Yes (1.4, 1.9)	176	50%↑	Yes (1.3, 1.7)
Age 45-54		250	30%↑	Yes (1.2, 1.5)	157	30%↑	Yes (1.1, 1.6)
Age 55-64		103	30%↑	Yes (1.0, 1.5)	44	10%↑	No (0.8, 1.5)
Age 65+		30	10%↑	No (0.7, 1.5)	9	40%↓	No (0.3, 1.2)

Male ex-serving Mental health diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Mental health-related drug and alcohol	2,300	20%↑	Yes (1.2, 1.3)	1,130	10%↑	Yes (1.0, 1.1)
Age 17-24	89	10%↓	No (0.8, 1.2)	16	20%↓	No (0.5, 1.3)
Age 25-34	445	0%	No (0.9, 1.1)	154	10%↓	No (0.7, 1.0)
Age 35-44	716	0%	No (0.9, 1.1)	393	30%↓	Yes (0.6, 0.8)
Age 45-54	744	0%	No (1.0, 1.1)	438	0%	No (0.9, 1.1)
Age 55-64	215	10%↓	Yes (0.8, 1.0)	99	20%↓	No (0.7, 1.0)
Age 65+	104	70%↑	Yes (1.4, 2.0)	36	20%↑	No (0.8, 1.6)
Dementia	177	60%↓	Yes (0.3, 0.4)	70	80%↓	Yes (0.2, 0.3)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 45-54	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 55-64	21	0%	No (0.7, 1.6)	7	30%↓	No (0.3, 1.5)
Age 65+	153	30%↓	Yes (0.6, 0.8)	56	50%↓	Yes (0.4, 0.7)
Schizophrenia and related disorders	1,302	10%↓	Yes (0.9, 1.0)	789	0%	No (0.9, 1.1)
Age 17-24	44	20%↓	No (0.6, 1.0)	11	10%↓	No (0.5, 1.7)
Age 25-34	248	30%↓	Yes (0.6, 0.8)	105	30%↓	Yes (0.6, 0.8)
Age 35-44	484	20%↓	Yes (0.7, 0.9)	368	20%↓	Yes (0.7, 0.8)
Age 45-54	463	10%↓	Yes (0.8, 1.0)	262	20%↓	Yes (0.7, 0.9)
Age 55-64	68	60%↓	Yes (0.3, 0.6)	40	50%↓	Yes (0.4, 0.7)
Age 65+	18	40%↓	Yes (0.4, 0.9)	8	50%↓	No (0.3, 1.0)

		Permanent ex-serving			Reserve ex-serving		
Male ex-serving	Mental health diagnosis	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Organic disorders other than dementia	Age 17-24	242	40%↓	Yes (0.6, 0.7)	93	60%↓	Yes (0.4, 0.5)
	Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
	Age 35-44	9	10%↓	No (0.4, 1.7)	6	40%↑	No (0.6, 3.0)
	Age 45-54	33	60%↑	Yes (1.1, 2.3)	13	20%↓	No (0.5, 1.4)
	Age 55-64	56	50%↑	Yes (1.1, 2.0)	17	30%↓	No (0.5, 1.2)
	Age 65+	47	30%↑	No (1.0, 1.7)	21	20%↑	No (0.8, 1.9)
Behavioural syndromes	Age 17-24	92	30%↓	Yes (0.5, 0.8)	34	50%↓	Yes (0.3, 0.7)
	Age 25-34	7	40%↓	No (0.3, 1.2)	6	10%↓	No (0.4, 2.0)
	Age 35-44	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
	Age 45-54	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
	Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
	Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Personality disorders	Age 17-24	231	30%↑	Yes (1.2, 1.5)	114	20%↑	No (1.0, 1.4)
	Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
	Age 35-44	49	0%	No (0.8, 1.4)	22	10%↑	No (0.7, 1.7)
	Age 45-54	100	50%↑	Yes (1.3, 1.9)	46	10%↓	No (0.7, 1.2)
	Age 55-64	55	10%↑	No (0.8, 1.4)	37	20%↑	No (0.8, 1.6)
	Age 65+	12	10%↑	No (0.6, 2.0)	7	40%↑	No (0.6, 2.9)
		n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Male ex-serving Mental health diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Other diagnosis or symptoms	71	30%↓	Yes (0.6, 0.9)	25	60%↓	Yes (0.3, 0.7)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	19	30%↓	No (0.5, 1.2)	9	60%↓	Yes (0.2, 0.9)
Age 45-54	18	20%↓	No (0.5, 1.3)	9	40%↓	No (0.3, 1.3)
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other mental health procedure, service or environmental factor	991	60%↑	Yes (1.5, 1.7)	445	30%↑	Yes (1.2, 1.4)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	191	40%↑	Yes (1.2, 1.6)	67	20%↑	No (0.9, 1.5)
Age 35-44	295	40%↑	Yes (1.3, 1.6)	163	0%	No (0.9, 1.2)
Age 45-54	303	40%↑	Yes (1.3, 1.6)	150	10%↑	No (1.0, 1.3)
Age 55-64	107	40%↑	Yes (1.2, 1.7)	47	30%↑	No (1.0, 1.7)
Age 65+	38	10%↑	No (0.8, 1.5)	13	20%↓	No (0.4, 1.3)

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

- 1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.
- 2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.
- 3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.
- 4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.
- 5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.
- 6) By age at admission.
- 7) Where a stay includes more than one episode, mental health stays are reported based on the principal diagnoses of any episode in the stay. Multi-episode stays may be assigned to more than one mental health group
- 8) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.
- 9) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.
- 10) For patient years, patients are counted for each year they were admitted.
- 11) Sum of mental health-related diagnosis groups do not equate to the any mental health-related group as patients may be admitted for more than one mental health diagnosis-related group.
- 12) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.

Mental health diagnoses for female ex-serving members

In brief:

Stress-related

During each year of the analysis period, among public hospital patients, ex-serving female patients who served in the permanent forces were 160% (or 2.6 times) more likely to be admitted for a stress-related mental health condition at least once, when compared to Australian female patients (1.5% vs 0.6%).

Ex-serving female patients who served solely in the reserve forces were 60% more likely to be admitted to a public hospital for a stress-related mental health condition than Australian female patients (0.9% vs 0.6%).

Depression

During each year of the analysis period, among public hospital patients, ex-serving female patients who served in the permanent forces were 120% (or 2.2 times) more likely to be admitted for a depression-related mental health condition at least once, when compared to Australian female patients (1.4% vs 0.6%). Ex-serving female patients aged 25 to 34 were 160% (or 2.6 times) more likely to be admitted, decreasing for older cohorts to 50% more likely for patients aged 45 to 54, compared to Australian female patients in the same age ranges (1.4% vs 0.6% and 1.3% vs 0.8% respectively).

Ex-serving female patients who served solely in the reserve forces were 40% more likely to be admitted to a public hospital for a depression-related mental health condition compared to Australian female patients (0.9% vs 0.6%).

Stress-related

26. From 2010 to 2020, each year on average, the proportion of ex-serving female public hospital patients who served in the permanent forces, and were aged 17 and over, that was admitted to a public hospital for a stress-related mental health condition at least once, was 160% (or 2.6 times) greater than for Australian female patients aged 17 and over (1.5% vs 0.6%).
27. The proportion of ex-serving female patients who served solely in the reserve forces, and were aged 17 and over, that were admitted to a public hospital for a stress-related mental health condition was 60% greater than for Australian female patients aged 17 and over (0.9% vs 0.6%).

Depression

28. From 2010 to 2020, each year on average, the proportion of ex-serving female public hospital patients who served in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for a depression-related mental health condition at least once, was 120% (or 2.2 times) greater than for Australian female patients aged 17 and over (1.4% vs 0.6%). For patients aged 25 to 34, the proportion was 160% (or 2.6 times) greater, with differences in proportions progressively decreasing with age to 50% (or 1.5 times) greater for the age range 45 to 54, compared to Australian female patients in the same age ranges (1.4% vs 0.6% and 1.3% vs 0.8% respectively).
29. The proportion of ex-serving female patients who served solely in the reserve forces and were aged 17 and over, that were admitted to a public hospital for a depression-related mental health condition was 40% (or 1.4 times) greater than for Australian female patients aged 17 and over (0.9% vs 0.6%).

Table 2 Comparative proportions of public hospital patients with mental health-related diagnosis, ex-serving females, by prior service status and service-related characteristics, 2010-20

	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant ^(d) (CI)	Patient years	Relative difference	Statistically significant ^(d) (CI)
Female ex-serving						
Mental health diagnosis						
Any mental health-related	1,411	60%↑	Yes (1.5, 1.7)	918	30%↑	Yes (1.2, 1.4)
Age 17-24	84	0%	No (0.8, 1.2)	10	10%↓	No (0.5, 1.6)
Age 25-34	287	50%↑	Yes (1.4, 1.7)	101	10%↑	No (0.9, 1.4)
Age 35-44	545	70%↑	Yes (1.5, 1.8)	379	30%↑	Yes (1.1, 1.4)
Age 45-54	427	30%↑	Yes (1.2, 1.4)	337	20%↑	Yes (1.1, 1.3)
Age 55-64	64	0%	No (0.8, 1.3)	78	0%	No (0.8, 1.3)
Age 65+	12	10%↓	No (0.5, 1.6)	20	20%↓	No (0.5, 1.2)
Stress related	283	160%↑	Yes (2.3, 2.9)	142	60%↑	Yes (1.4, 1.9)
Age 17-24	n.p.	n.p.		n.p.	n.p.	n.p.
Age 25-34	62	80%↑	Yes (1.4, 2.3)	24	40%↑	No (1.0, 2.1)
Age 35-44	103	80%↑	Yes (1.5, 2.2)	67	30%↑	Yes (1.0, 1.7)
Age 45-54	81	100%↑	Yes (1.6, 2.5)	39	10%↑	No (0.8, 1.6)
Age 55-64	19	250%↑	Yes (2.3, 5.5)	11	60%↑	No (0.9, 2.9)
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Female ex-serving Mental health diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant ^(d) (CI)	Patient years	Relative difference	Statistically significant ^(d) (CI)
Anxiety	163	60%↑	Yes (1.4, 1.9)	105	30%↑	Yes (1.1, 1.6)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	28	40%↑	No (1.0, 2.0)	6	40%↓	No (0.3, 1.4)
Age 35-44	66	90%↑	Yes (1.5, 2.4)	41	30%↑	No (0.9, 1.7)
Age 45-54	50	30%↑	No (1.0, 1.7)	44	40%↑	Yes (1.0, 1.8)
Age 55-64	9	10%↑	No (0.6, 2.1)	11	10%↑	No (0.6, 1.9)
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Depression	260	120%↑	Yes (2.0, 2.5)	137	40%↑	Yes (1.2, 1.7)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	61	160%↑	Yes (2.0, 3.3)	11	0%	No (0.5, 1.8)
Age 35-44	91	110%↑	Yes (1.7, 2.6)	53	30%↑	Yes (1.0, 1.8)
Age 45-54	78	50%↑	Yes (1.2, 1.9)	55	30%↑	No (1.0, 1.6)
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Bipolar and other mood disorders (excluding depression)	179	110%↑	Yes (1.8, 2.4)	133	90%↑	Yes (1.6, 2.3)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	71	100%↑	Yes (1.6, 2.5)	65	100%↑	Yes (1.5, 2.5)
Age 45-54	58	30%↑	No (1.0, 1.7)	41	10%↑	No (0.8, 1.4)
Age 55-64	10	10%↑	No (0.6, 2.0)	14	20%↑	No (0.7, 2.1)
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Female ex-serving Mental health diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant ^(d) (CI)	Patient years	Relative difference	Statistically significant ^(d) (CI)
Mental health-related drug and alcohol	229	50%↑	Yes (1.3, 1.7)	171	40%↑	Yes (1.2, 1.6)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	51	30%↑	No (1.0, 1.7)	15	20%↓	No (0.5, 1.3)
Age 35-44	92	30%↑	Yes (1.0, 1.5)	78	20%↑	No (0.9, 1.5)
Age 45-54	61	20%↓	No (0.6, 1.0)	61	10%↓	No (0.7, 1.2)
Age 55-64	10	10%↓	No (0.5, 1.7)	14	0%	No (0.6, 1.7)
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Dementia	9	90%↓	Yes (0.1, 0.2)	5	n.p.	Yes
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 45-54	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Schizophrenia and related disorders	165	30%↑	Yes (1.1, 1.5)	164	50%↑	Yes (1.3, 1.8)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	29	0%	No (0.7, 1.5)	19	40%↑	No (0.9, 2.2)
Age 35-44	58	10%↓	No (0.7, 1.1)	67	10%↑	No (0.9, 1.4)
Age 45-54	74	0%	No (0.8, 1.2)	63	0%	No (0.8, 1.3)
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Female ex-serving Mental health diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant ^(d) (CI)	Patient years	Relative difference	Statistically significant ^(d) (CI)
Organic disorders other than dementia	26	60%↓	Yes (0.3, 0.6)	22	60%↓	Yes (0.3, 0.6)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	7	140%↑	Yes (1.1, 5.0)	6	120%↑	Yes (1.0, 5.0)
Age 45-54	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Behavioural syndromes	20	0%	No (0.6, 1.5)	12	30%↓	No (0.4, 1.3)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	8	30%↑	No (0.7, 2.7)	6	10%↑	No (0.5, 2.4)
Age 45-54	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Personality disorders	134	150%↑	Yes (2.1, 3.0)	76	70%↑	Yes (1.4, 2.2)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	33	100%↑	Yes (1.4, 2.9)	10	30%↑	No (0.7, 2.4)
Age 35-44	53	150%↑	Yes (1.9, 3.3)	27	40%↑	No (1.0, 2.0)
Age 45-54	34	80%↑	Yes (1.3, 2.6)	31	100%↑	Yes (1.4, 2.8)
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Female ex-serving Mental health diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant ^(d) (CI)	Patient years	Relative difference	Statistically significant ^(d) (CI)
Other diagnosis or symptoms	16	50%↑	No (0.9, 2.4)	6	30%↓	No (0.3, 1.5)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 45-54	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other mental health procedure, service or environmental factor	252	120%↑	Yes (2.0, 2.5)	150	60%↑	Yes (1.4, 1.9)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	59	70%↑	Yes (1.3, 2.2)	22	40%↑	No (0.9, 2.1)
Age 35-44	110	140%↑	Yes (2.0, 2.9)	58	40%↑	Yes (1.1, 1.8)
Age 45-54	58	50%↑	Yes (1.1, 1.9)	53	60%↑	Yes (1.2, 2.1)
Age 55-64	7	10%↑	No (0.5, 2.3)	12	50%↑	No (0.9, 2.7)
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

- 1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.
- 2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.
- 3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.
- 4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.
- 5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.
- 6) By age at admission.
- 7) Where a stay includes more than one episode, mental health stays are reported based on the principal diagnoses of any episode in the stay. Multi-episode stays may be assigned to more than one mental health group
- 8) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.
- 9) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.
- 10) For patient years, patients are counted for each year they were admitted.
- 11) Sum of mental health-related diagnosis groups do not equate to the any mental health-related group as patients may be admitted for more than one mental health diagnosis-related group.
- 12) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.

Alcohol or other drug related diagnoses for male ex-serving members

In brief:

Anti-epileptic, sedative-hypnotic and antiparkinsonian drugs

During each year of the analysis period, among public hospital patients, ex-serving male patients who served in the permanent forces were 100% (or 2 times) more likely to be admitted for anti-epileptic, sedative-hypnotic and antiparkinsonian drug use at least once compared to Australian male patients (0.6% vs 0.3%). In contrast, ex-serving male patients who served solely in the reserve forces were 20% more likely to be admitted to a public hospital for anti-epileptic, sedative-hypnotic and antiparkinsonian drug use than Australian male patients (0.4% vs 0.3%).

Alcohol

During each year of the analysis period, among public hospital patients, ex-serving male patients who served in the permanent forces were 40% more likely to be admitted for alcohol use at least once compared to Australian male patients (2.2% vs 1.6%). Ex-serving male patients aged 65 and over who served in the permanent forces were 80% more likely to be admitted to a public hospital for alcohol use compared to Australian male patients aged 65 and over (0.9% vs 0.5%).

Ex-serving male patients who served solely in the reserve forces were 30% more likely to be admitted to a public hospital for alcohol use compared to Australian male patients (2.0% vs 1.6%).

Anti-epileptic, sedative-hypnotic and antiparkinsonian drugs

30. From 2010 to 2020, each year on average, the proportion of ex-serving male public hospital patients who served in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for anti-epileptic, sedative-hypnotic and antiparkinsonian drug use at least once, was 100% (or 2 times) greater than for Australian male patients aged 17 and over (0.6% vs 0.3%).
31. The proportion of ex-serving male patients who served solely in the reserve forces, and were aged 17 and over, that were admitted to a public hospital for anti-epileptic, sedative-hypnotic and antiparkinsonian drug use was 20% greater than for Australian male patients aged 17 and over (0.4% vs 0.3%).

Alcohol

32. From 2010 to 2020, each year on average, the proportion of ex-serving male public hospital patients who served in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for alcohol use at least once, was 40% (or 1.4 times) greater than for Australian male patients aged 17 and over (2.2% vs 1.6%). Patients aged 65 and over had the highest difference, with proportions 80% (or 1.8 times) greater than for Australian male patients aged 65 and over (0.9% vs 0.5%).
33. The proportion of ex-serving male patients who served solely in the reserve forces, and were aged 17 and over, that were admitted to a public hospital for alcohol use was 30% (or 1.3 times) greater than for Australian male patients aged 17 and over (2.0% vs 1.6%).

Table 3 Comparative proportions of public hospital patients with alcohol and other drug-related diagnosis, ex-serving males, by prior service status and service-related characteristics, 2010-20

Male ex-serving Alcohol or other drug related diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Any alcohol or other drug diagnosis	4,377	40%↑	Yes (1.4, 1.4)	1,926	10%↑	Yes (1.0, 1.1)
Age 17-24	176	20%↑	No (1.0, 1.3)	23	30%↓	No (0.5, 1.1)
Age 25-34	785	20%↑	Yes (1.1, 1.3)	243	10%↓	No (0.8, 1.0)
Age 35-44	1,281	20%↑	Yes (1.1, 1.2)	657	20%↓	Yes (0.7, 0.8)
Age 45-54	1,416	10%↑	Yes (1.1, 1.2)	728	10%↓	No (0.9, 1.0)
Age 55-64	519	10%↑	No (1.0, 1.1)	195	20%↓	Yes (0.7, 1.0)
Age 65+	221	60%↑	Yes (1.4, 1.8)	88	30%↑	Yes (1.0, 1.6)
Alcohol	2,208	40%↑	Yes (1.4, 1.5)	1,125	30%↑	Yes (1.2, 1.4)
Age 17-24	55	10%↑	No (0.9, 1.5)	6	40%↓	No (0.3, 1.3)
Age 25-34	264	20%↑	Yes (1.1, 1.4)	106	20%↑	No (1.0, 1.4)
Age 35-44	565	10%↑	Yes (1.0, 1.2)	352	10%↓	Yes (0.8, 1.0)
Age 45-54	811	0%	No (1.0, 1.1)	457	10%↓	No (0.9, 1.0)
Age 55-64	350	0%	No (0.9, 1.1)	148	10%↓	No (0.7, 1.0)
Age 65+	174	80%↑	Yes (1.6, 2.1)	61	30%↑	Yes (1.0, 1.7)

Male ex-serving Alcohol or other drug related diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Opioids	397	40%↑	Yes (1.3, 1.6)	137	10%↓	No (0.7, 1.0)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	65	0%	No (0.8, 1.3)	16	40%↓	No (0.4, 1.0)
Age 35-44	136	0%	No (0.9, 1.2)	48	50%↓	Yes (0.3, 0.6)
Age 45-54	129	10%↑	No (0.9, 1.3)	59	20%↓	No (0.6, 1.1)
Age 55-64	47	30%↑	No (1.0, 1.8)	11	30%↓	No (0.4, 1.2)
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Anti-epileptic, sedative-hypnotic and antiparkinsonian drugs	634	100%↑	Yes (1.8, 2.2)	217	20%↑	Yes (1.0, 1.4)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	122	70%↑	Yes (1.4, 2.0)	35	20%↑	No (0.8, 1.6)
Age 35-44	207	70%↑	Yes (1.5, 2.0)	69	30%↓	Yes (0.6, 0.9)
Age 45-54	186	60%↑	Yes (1.3, 1.8)	78	10%↑	No (0.8, 1.3)
Age 55-64	69	80%↑	Yes (1.4, 2.2)	18	0%	No (0.6, 1.5)
Age 65+	19	30%↑	No (0.8, 2.0)	14	90%↑	Yes (1.1, 3.3)
All other drugs	1,380	20%↑	Yes (1.1, 1.3)	565	10%↓	Yes (0.8, 0.9)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	383	10%↑	Yes (1.0, 1.3)	112	20%↓	Yes (0.7, 1.0)
Age 35-44	464	10%↑	Yes (1.0, 1.2)	227	30%↓	Yes (0.6, 0.8)
Age 45-54	358	20%↑	Yes (1.1, 1.4)	171	10%↓	No (0.8, 1.1)
Age 55-64	71	0%	No (0.8, 1.3)	32	0%	No (0.7, 1.4)
Age 65+	21	10%↑	No (0.7, 1.7)	11	20%↑	No (0.6, 2.1)

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.

2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.

3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.

4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.

5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.

6) By age at admission.

7) Where a stay includes more than one episode, alcohol or other drug-related stays are reported based on the principal diagnoses of any episode in the stay. Multi-episode stays may be assigned to more than one alcohol or other drug group.

8) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.

9) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.

10) For patient years, patients are counted for each year they were admitted.

11) Sum of alcohol and other drug-related diagnosis groups do not equate to the any alcohol and other drug diagnosis group as patients may be admitted for more than one alcohol and other drug-related group.

12) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.

Alcohol or other drug related diagnoses for female ex-serving members

In brief:

Anti-epileptic, sedative-hypnotic and antiparkinsonian drugs

During each year of the analysis period, among public hospital patients, ex-serving female patients who served in the permanent forces were 180% (or 2.8 times) more likely to be admitted for anti-epileptic, sedative-hypnotic and antiparkinsonian drug use at least once compared to Australian female patients (0.9% vs 0.3%).

Ex-serving female patients who served solely in the reserve forces were 100% (or 2 times) more likely to be admitted to a public hospital for anti-epileptic, sedative-hypnotic and antiparkinsonian drug use compared to Australian female patients (0.6% vs 0.3%).

Alcohol

During each year of the analysis period, among public hospital patients, ex-serving female patients who served in the permanent forces were 60% more likely to be admitted for alcohol use at least once compared to Australian female patients (1.0% vs 0.6%). Ex-serving female patients who served solely in the reserve forces were 50% more likely to be admitted to a public hospital for alcohol use compared to Australian female patients (0.9% vs 0.6%).

Anti-epileptic, sedative-hypnotic and antiparkinsonian drugs

34. From 2010 to 2020, each year on average, the proportion of ex-serving female public hospital patients who served in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for anti-epileptic, sedative-hypnotic and antiparkinsonian drug use at least once, was 180% (or 2.8 times) greater than for Australian female patients aged 17 and over (0.9% vs 0.3%).
35. The proportion of ex-serving female patients who served solely in the reserve forces, and were aged 17 and over, that were admitted to a public hospital for anti-epileptic, sedative-hypnotic and antiparkinsonian drug use was 100% (or 2 times) greater than for Australian female patients aged 17 and over (0.6% vs 0.3%).

Alcohol

36. From 2010 to 2020, each year on average, the proportion of ex-serving female public hospital patients who served in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for alcohol use at least once, was 60% (or 1.6 times) greater than for Australian female patients aged 17 and over (1.0% vs 0.6%). The proportion of ex-serving female patients who served solely in the reserve forces, and were aged 17 and over, that were admitted to a public hospital for alcohol use was 50% (or 1.5 times) greater than for Australian female patients aged 17 and over (0.9% vs 0.6%).

Table 4 Comparative proportions of public hospital patients with other drug-related diagnosis, ex-serving females, by prior service status and service-related characteristics, 2010-20

Female ex-serving Alcohol or other drug related diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Any alcohol or other drug diagnosis	713	100%↑	Yes (1.9, 2.2)	438	50%↑	Yes (1.4, 1.7)
Age 17-24	58	20%↑	No (0.9, 1.5)	10	40%↑	No (0.8, 2.6)
Age 25-34	139	70%↑	Yes (1.5, 2.1)	33	10%↓	No (0.6, 1.2)
Age 35-44	259	80%↑	Yes (1.6, 2.0)	176	30%↑	Yes (1.1, 1.5)
Age 45-54	215	20%↑	Yes (1.1, 1.4)	172	10%↑	No (1.0, 1.3)
Age 55-64	43	50%↑	Yes (1.1, 2.1)	44	20%↑	No (0.9, 1.7)
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Alcohol	191	60%↑	Yes (1.4, 1.9)	139	50%↑	Yes (1.2, 1.7)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	26	30%↑	No (0.9, 1.9)	11	20%↑	No (0.6, 2.1)
Age 35-44	71	30%↑	Yes (1.1, 1.7)	52	10%↑	No (0.8, 1.4)
Age 45-54	64	20%↓	No (0.6, 1.1)	57	10%↓	No (0.7, 1.1)
Age 55-64	16	20%↑	No (0.7, 1.9)	15	10%↓	No (0.5, 1.5)
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Female ex-serving						
Alcohol or other drug related diagnosis						
Opioids	75	140%↑	Yes (1.9, 3.0)	44	70%↑	Yes (1.3, 2.3)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	23	50%↑	No (1.0, 2.2)	21	50%↑	No (1.0, 2.3)
Age 45-54	28	70%↑	Yes (1.1, 2.4)	17	20%↑	No (0.7, 1.9)
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Anti-epileptic, sedative-hypnotic and antiparkinsonian drugs	176	180%↑	Yes (2.4, 3.3)	99	100%↑	Yes (1.6, 2.4)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	34	150%↑	Yes (1.8, 3.5)	10	50%↑	No (0.8, 2.8)
Age 35-44	64	140%↑	Yes (1.9, 3.0)	40	60%↑	Yes (1.2, 2.2)
Age 45-54	54	60%↑	Yes (1.2, 2.1)	39	30%↑	No (1.0, 1.8)
Age 55-64	10	70%↑	No (0.9, 3.2)	9	20%↑	No (0.6, 2.4)
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
All other drugs	343	110%↑	Yes (1.9, 2.3)	201	50%↑	Yes (1.3, 1.7)
Age 17-24	28	20%↓	No (0.6, 1.2)	9	90%↑	Yes (1.0, 3.6)
Age 25-34	83	90%↑	Yes (1.5, 2.3)	13	40%↓	No (0.4, 1.1)
Age 35-44	127	100%↑	Yes (1.7, 2.4)	85	50%↑	Yes (1.2, 1.8)
Age 45-54	90	50%↑	Yes (1.2, 1.9)	74	50%↑	Yes (1.2, 1.8)
Age 55-64	15	100%↑	Yes (1.2, 3.3)	18	90%↑	Yes (1.2, 3.0)
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.

2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.

3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.

4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.

5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.

6) By age at admission.

7) Where a stay includes more than one episode, alcohol or other drug-related stays are reported based on the principal diagnoses of any episode in the stay. Multi-episode stays may be assigned to more than one alcohol or other drug group.

8) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.

9) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.

10) For patient years, patients are counted for each year they were admitted.

11) Sum of alcohol and other drug-related diagnosis groups do not equate to the any alcohol and other drug diagnosis group as patients may be admitted for more than one alcohol and other drug-related group.

12) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.

Self-harm-related diagnoses for male ex-serving members

In brief:

Self-harm-related diagnosis

During each year of the analysis period, among public hospital patients, ex-serving male patients who served in the permanent forces were 90% more likely to be admitted for self-harm at least once compared to Australian male patients (1.6% vs 0.8%). In contrast, ex-serving male patients who served solely in the reserve forces were 20% more likely to be admitted to hospital for self-harm than Australian male patients (1.0% vs 0.8%).

Anti-epileptic, sedative-hypnotic, antiparkinsonian and psychotropic drugs

During each year of the analysis period, among public hospital patients, ex-serving male patients who served in the permanent forces were 120% (or 2.2 times) more likely to be admitted for anti-epileptic, sedative-hypnotic, antiparkinsonian and psychotropic drug-related self-harm at least once, when compared to Australian male patients (0.8% vs 0.4%).

Ex-serving male patients who served solely in the reserve forces were 40% more likely to be admitted to a public hospital for anti-epileptic, sedative-hypnotic, antiparkinsonian and psychotropic drug-related self-harm, when compared to Australian male patients (0.5% vs 0.4%).

Narcotics and psychodysleptics (hallucinogens)

During each year of the analysis period, among public hospital patients, ex-serving male patients who served in the permanent forces were 120% (or 2.2 times) more likely to be admitted for narcotics and psychodysleptic-related self-harm at least once, when compared to Australian male patients (0.2% vs 0.1%).

Ex-serving male patients who served solely in the reserve forces were admitted to a public hospital for narcotics with psychodysleptic-related self-harm at similar proportions to Australian male patients (0.1% vs 0.1%).

Self-harm-related diagnosis

37. From 2010 to 2020, each year on average, the proportion of ex-serving male public hospital patients who served in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for a self-harm-related diagnosis at least once, was 90% (or 1.9 times) greater than for Australian male patients aged 17 and over (1.6% vs 0.8%).

38. The proportion of ex-serving male patients who served solely in the reserve forces aged 17 and over and were admitted to a public hospital for a self-harm related diagnosis was 20% (or 1.2 times) greater than for Australian male patients aged 17 and over (1.0% vs 0.8%).

Anti-epileptic, sedative-hypnotic, antiparkinsonian and psychotropic drugs, not elsewhere classified

39. From 2010 to 2020, each year on average, the proportion of ex-serving male public hospital patients who served in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for anti-epileptic, sedative-hypnotic, antiparkinsonian and psychotropic drug-related self-harm at least once, was 120% (or 2.2 times) greater than for Australian male patients aged 17 and over (0.8% vs 0.4%).
40. The proportion of ex-serving male patients who served solely in the reserve forces, and were aged 17 and over, that were admitted to a public hospital for anti-epileptic, sedative-hypnotic, antiparkinsonian and psychotropic drug-related self-harm was 40% (or 1.4 times) greater than for Australian male patients aged 17 and over (0.5% vs 0.4%).

Narcotics and psychodysleptics (hallucinogens), not elsewhere classified

41. From 2010 to 2020, each year on average, the proportion of ex-serving male public hospital patients who served in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for narcotics and psychodysleptic-related self-harm at least once, was 120% (or 2.2 times) greater than for Australian male patients aged 17 and over (0.2% vs 0.1%).
42. The proportion of ex-serving male patients who served solely in the reserve forces, and were aged 17 and over, that were admitted to a public hospital for narcotics and psychodysleptic-related self-harm was similar to that of Australian male patients aged 17 and over (0.1% vs 0.1%).

Table 5 Comparative proportions of public hospital patients with intentional self-harm related diagnosis, ex-serving males, by prior service status and service-related characteristics, 2010-20

Male ex-serving Self-harm related diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Any self-harm related diagnosis	1,575	90%↑	Yes (1.8, 2.0)	560	20%↑	Yes (1.1, 1.3)
Age 17-24	96	70%↑	Yes (1.4, 2.1)	14	20%↑	No (0.7, 2.0)
Age 25-34	324	80%↑	Yes (1.6, 2.0)	83	10%↑	No (0.9, 1.3)
Age 35-44	508	80%↑	Yes (1.7, 2.0)	204	10%↓	No (0.8, 1.1)
Age 45-54	457	60%↑	Yes (1.4, 1.7)	187	0%	No (0.9, 1.2)
Age 55-64	162	70%↑	Yes (1.4, 2.0)	58	30%↑	No (1.0, 1.6)
Age 65+	34	20%↑	No (0.9, 1.7)	14	0%	No (0.6, 1.7)
Non-opioid analgesics, antipyretics and antirheumatics (X60)	175	60%↑	Yes (1.4, 1.8)	55	10%↓	No (0.7, 1.1)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	38	60%↑	Yes (1.2, 2.2)	10	0%	No (0.5, 1.9)
Age 35-44	49	70%↑	Yes (1.3, 2.2)	25	10%↑	No (0.7, 1.6)
Age 45-54	50	70%↑	Yes (1.3, 2.3)	13	30%↓	No (0.4, 1.2)
Age 55-64	18	70%↑	Yes (1.1, 2.7)	6	20%↑	No (0.5, 2.7)
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Male ex-serving Self-harm related diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified (X61)	800	120%↑	Yes (2.1, 2.4)	284	40%↑	Yes (1.2, 1.6)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	167	110%↑	Yes (1.8, 2.4)	39	20%↑	No (0.8, 1.6)
Age 35-44	270	100%↑	Yes (1.8, 2.3)	107	0%	No (0.8, 1.2)
Age 45-54	236	70%↑	Yes (1.5, 2.0)	92	10%↑	No (0.9, 1.3)
Age 55-64	69	70%↑	Yes (1.3, 2.1)	31	60%↑	Yes (1.1, 2.2)
Age 65+	22	100%↑	Yes (1.3, 3.0)	11	100%↑	Yes (1.1, 3.7)
Narcotics and psychodysleptics [hallucinogens], not elsewhere classified (X62)	159	120%↑	Yes (1.8, 2.5)	47	10%↑	No (0.8, 1.5)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	28	90%↑	Yes (1.3, 2.7)	5		
Age 35-44	43	40%↑	Yes (1.0, 1.9)	21	20%↓	No (0.6, 1.3)
Age 45-54	56	70%↑	Yes (1.3, 2.2)	16	20%↓	No (0.5, 1.3)
Age 55-64	22	110%↑	Yes (1.4, 3.2)	5		
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other drugs (X63-X64)	125	60%↑	Yes (1.3, 1.9)	41	10%↓	No (0.7, 1.3)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	20	40%↑	No (0.9, 2.2)	6	0%	No (0.5, 2.3)
Age 35-44	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 45-54	45	40%↑	Yes (1.1, 1.9)	17	10%↓	No (0.5, 1.4)
Age 55-64	15	10%↑	No (0.7, 1.8)	10	50%↑	No (0.8, 2.9)
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Male ex-serving Self-harm related diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Alcohol (X65)	18	30%↑	No (0.8, 2.1)	9	20%↑	No (0.6, 2.2)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 45-54	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other chemical (excluding gas) (X66, X68-X69)	25	10%↑	No (0.7, 1.6)	20	50%↑	No (1.0, 2.3)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	7	0%	No (0.5, 2.1)	5		
Age 45-54	12	50%↑	No (0.9, 2.8)	7	50%↑	No (0.7, 3.1)
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Gas (X67)	49	170%↑	Yes (2.1, 3.6)	22	120%↑	Yes (1.4, 3.3)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	16	110%↑	Yes (1.3, 3.5)	7	20%↑	No (0.6, 2.5)
Age 45-54	12	30%↑	No (0.7, 2.3)	8	40%↑	No (0.7, 2.9)
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Male ex-serving						
Self-harm related diagnosis						
Hanging (X70)	66	60%↑	Yes (1.3, 2.1)	32	40%↑	No (1.0, 2.0)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	13	20%↑	No (0.7, 2.0)	5		
Age 35-44	27	100%↑	Yes (1.3, 2.9)	10	10%↓	No (0.5, 1.7)
Age 45-54	11	0%	No (0.5, 1.8)	13	90%↑	Yes (1.1, 3.2)
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Sharp objects (X78)	200	70%↑	Yes (1.5, 1.9)	69	0%	No (0.8, 1.3)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	42	40%↑	Yes (1.0, 1.9)	14	10%↑	No (0.7, 1.9)
Age 35-44	67	80%↑	Yes (1.4, 2.3)	24	20%↓	No (0.6, 1.2)
Age 45-54	48	30%↑	No (1.0, 1.7)	23	0%	No (0.7, 1.5)
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other cause (X71-X77, X79, X80-X84, Y87.0)	53	40%↑	Yes (1.1, 1.8)	16	30%↓	No (0.5, 1.2)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 45-54	10	10%↓	No (0.5, 1.7)	5		
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.

2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.

3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.

4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.

5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.

6) By age at admission.

7) Intentional self-harm stays are defined based on the ICD-10-AM principal diagnosis in the range S00-T75, T79 and has a principal external cause code in the range X60-X84, Y87.0.

8) Where a stay includes more than one episode, self-harm related stays are reported by the principal diagnosis and first external cause of any episode in the stay. Multi-episode stays may be assigned to more than one self-harm mechanism of injury.

9) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.

10) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.

11) For patient years, patients are counted for each year they were admitted.

12) Sum of self-harm related diagnosis groups do not equate to the any self-harm group as patients may be admitted for more than one self-harm related diagnosis group.

13) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.

Self-harm-related diagnoses for female ex-serving members

In brief:

Self-harm-related diagnosis

During each year of the analysis period, among public hospital patients, ex-serving female patients who served in the permanent forces were 160% (or 2.6 times) more likely to be admitted for self-harm at least once, when compared to Australian female patients (2.5% vs 0.9%). Ex-serving female patients who served solely in the reserve forces were 90% more likely to be admitted to a public hospital for self-harm than Australian female patients (1.8% vs 0.9%).

Anti-epileptic, sedative-hypnotic, antiparkinsonian and psychotropic drugs

During each year of the analysis period, among public hospital patients, ex-serving female patients who served in the permanent forces were 190% (or 2.9 times) more likely to be admitted for anti-epileptic, sedative-hypnotic, antiparkinsonian and psychotropic drug-related self-harm at least once, when compared to Australian female patients (1.4% vs 0.5%).

Ex-serving female patients who served solely in the reserve forces were 110% (or 2.1 times) more likely to be admitted to a public hospital for anti-epileptic, sedative-hypnotic, antiparkinsonian and psychotropic drug-related self-harm than Australian female patients (1.0% vs 0.5%).

Self-harm-related diagnosis

43. From 2010 to 2020, each year on average, the proportion of ex-serving female public hospital patients who served in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for a self-harm-related diagnosis at least once, was 160% (or 2.6 times) greater than for Australian female patients aged 17 and over (2.5% vs 0.9%).
44. The proportion of ex-serving female patients who served solely in the reserve forces, and were aged 17 and over, that were admitted to a public hospital for a self-harm-related diagnosis was 90% (or 1.9 times) greater than for Australian female patients aged 17 and over (1.8% vs 0.9%).

Anti-epileptic, sedative-hypnotic, antiparkinsonian and psychotropic drugs

45. From 2010 to 2020, each year on average, the proportion of ex-serving female public hospital patients who served in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for anti-epileptic, sedative-hypnotic, antiparkinsonian and psychotropic drug related self-harm at least once, was 190% (or 2.9 times) greater than for Australian female patients aged 17 and over (1.4% vs 0.5%).
46. The proportion of ex-serving female patients who served solely in the reserve forces, and were aged 17 and over, that were admitted to a public hospital for anti-epileptic, sedative-hypnotic, antiparkinsonian and psychotropic drug-related self-harm was 110% (or 2.1 times) greater than for Australian female patients aged 17 and over (1.0% vs 0.5%).

Table 6 Comparative proportions of public hospital patients with intentional self-harm related diagnosis, ex-serving females, by prior service status and service-related characteristics, 2010-20

Female ex-serving Self-harm related diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Any self-harm related diagnosis	473	160%↑	Yes (2.4, 2.9)	271	90%↑	Yes (1.7, 2.1)
Age 17-24	48	40%↑	Yes (1.1, 1.8)	8	70%↑	No (0.9, 3.3)
Age 25-34	90	130%↑	Yes (1.9, 2.8)	18	0%	No (0.6, 1.5)
Age 35-44	175	160%↑	Yes (2.3, 3.1)	114	90%↑	Yes (1.6, 2.3)
Age 45-54	140	70%↑	Yes (1.5, 2.0)	107	50%↑	Yes (1.3, 1.9)
Age 55-64	24	100%↑	Yes (1.3, 2.9)	24	60%↑	Yes (1.1, 2.3)
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Non-opioid analgesics, antipyretics and antirheumatics (X60)	93	120%↑	Yes (1.8, 2.7)	53	50%↑	Yes (1.2, 2.0)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	19	120%↑	Yes (1.4, 3.4)	5		
Age 35-44	41	260%↑	Yes (2.6, 4.8)	23	120%↑	Yes (1.4, 3.3)
Age 45-54	20	50%↑	No (1.0, 2.3)	17	50%↑	No (0.9, 2.4)
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Female ex-serving Self-harm related diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified (X61)	270	190%↑	Yes (2.6, 3.3)	161	110%↑	Yes (1.8, 2.5)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	56	180%↑	Yes (2.1, 3.6)	10	0%	No (0.6, 1.9)
Age 35-44	96	150%↑	Yes (2.1, 3.1)	59	70%↑	Yes (1.3, 2.2)
Age 45-54	83	80%↑	Yes (1.4, 2.2)	68	70%↑	Yes (1.3, 2.1)
Age 55-64	14	100%↑	Yes (1.2, 3.3)	16	80%↑	Yes (1.1, 2.9)
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Narcotics and psychodysleptics [hallucinogens], not elsewhere classified (X62)	39	220%↑	Yes (2.3, 4.4)	19	90%↑	Yes (1.2, 3.0)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	12	130%↑	Yes (1.3, 4.0)	11	130%↑	Yes (1.3, 4.1)
Age 45-54	12	70%↑	No (1.0, 3.0)	6	0%	No (0.4, 2.2)
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other drugs (X63-X64)	43	150%↑	Yes (1.9, 3.4)	24	70%↑	Yes (1.2, 2.6)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	14	130%↑	Yes (1.4, 3.9)	7	30%↑	No (0.6, 2.7)
Age 45-54	15	80%↑	Yes (1.1, 3.0)	14	100%↑	Yes (1.2, 3.4)
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Female ex-serving Self-harm related diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Alcohol (X65)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 45-54	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other chemical (excluding gas) (X66, X68-X69)	9	120%↑	Yes (1.2, 4.3)	7	110%↑	Yes (1.0, 4.5)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 45-54	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Gas (X67)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 45-54	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Female ex-serving Self-harm related diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Hanging (X70)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 45-54	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Sharp objects (X78)	39	130%↑	Yes (1.7, 3.1)	22	60%↑	Yes (1.1, 2.4)
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	16	160%↑	Yes (1.6, 4.3)	11	100%↑	Yes (1.1, 3.6)
Age 45-54	9	60%↑	No (0.8, 3.0)	9	80%↑	No (0.9, 3.5)
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other cause (X71-X77, X79, X80-X84, Y87.0)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 17-24	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 25-34	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 35-44	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 45-54	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 55-64	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Age 65+	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.

2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.

3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.

4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.

5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.

6) By age at admission.

7) Intentional self-harm stays are defined based on the ICD-10-AM principal diagnosis in the range S00-T75, T79 and has a principal external cause code in the range X60-X84, Y87.0.

8) Where a stay includes more than one episode, self-harm related stays are reported by the principal diagnosis and first external cause of any episode in the stay. Multi-episode stays may be assigned to more than one self-harm mechanism of injury.

9) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.

10) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.

11) For patient years, patients are counted for each year they were admitted.

12) Sum of self-harm related diagnosis groups do not equate to the any self-harm group as patients may be admitted for more than one self-harm related diagnosis group.

13) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.

Self-harm-related diagnoses for male ex-serving members by DVA cardholder status

In brief:

During each year of the analysis period, among public hospital patients, ex-serving male patients who served in the permanent forces and were non-cardholder clients, or clients whose only card was an Orange (Repatriation Pharmaceutical Benefits Scheme [RPBS] only) card, were 150% (or 2.5 times) more likely to be admitted for self-harm at least once, when compared to Australian male patients (2.1% vs 0.8%).

47. From 2010 to 2020, each year on average, the proportion of ex-serving male public hospital patients who served in the permanent forces, and were aged 17 and over, who were non-cardholder clients, or clients whose only card was an Orange (RPBS only) card, that were admitted to a public hospital for a self-harm-related diagnosis at least once, was 150% (or 2.5 times) greater than for Australian male patients aged 17 and over (2.1% vs 0.8%).

Table 7 Comparative proportions of public hospital patients with intentional self-harm related diagnosis, ex-serving males, by prior service status and DVA characteristics, 2010-20

Male ex-serving Any self-harm related diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
DVA client	754	90%↑	Yes (1.8, 2.1)	67	0%	No (0.8, 1.3)
DVA client - Gold card	223	60%↑	Yes (1.4, 1.9)	14	20%↓	No (0.5, 1.4)
DVA client - White card	377	90%↑	Yes (1.8, 2.1)	23	0%	No (0.7, 1.5)
DVA client - Other	157	150%↑	Yes (2.2, 2.9)	30	20%↑	No (0.8, 1.7)
Not DVA client	823	90%↑	Yes (1.8, 2.0)	493	20%↑	Yes (1.1, 1.3)

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

- 1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.
- 2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.
- 3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.
- 4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.
- 5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.
- 6) By age and service characteristic at admission.
- 7) Intentional self-harm stays are defined based on the ICD-10-AM principal diagnosis in the range S00-T75, T79 and has a principal external cause code in the range X60-X84, Y87.0.

- 8) Where a stay includes more than one episode, self-harm related stays are reported by the principal diagnosis and first external cause of any episode in the stay. Multi-episode stays may be assigned to more than one self-harm mechanism of injury.
- 9) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.
- 10) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.
- 11) For patient years, patients are counted for each year they were admitted.
- 12) Sum of self-harm related diagnosis groups do not equate to the any self-harm group as patients may be admitted for more than one self-harm related diagnosis group.
- 13) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.
- 14) Sum of DVA client characteristic values do not equate to all ex-serving as ex-serving DVA status may change over time and DVA clients may hold more than one card type simultaneously.
- 15) DVA client - Gold card includes DVA clients with a current gold card regardless of other card types held simultaneously.
DVA client - White card includes DVA clients with a white card and no gold card regardless of whether an orange card is held simultaneously.
DVA client - other includes non-cardholder clients, and clients whose only card is an Orange (RPBS only) card."

Self-harm-related diagnoses for male ex-serving members by length of service

In brief:

During each year of the analysis period, among public hospital patients, ex-serving male patients who served in the permanent forces for less than a year, or who served between one and five years, were 210% (or 3.1 times) more likely to be admitted for self-harm at least once, when compared to Australian male patients (2.5% vs 0.8% and 2.6% vs 0.8% respectively). In contrast, ex-serving male patients who served for over ten years were no more or less likely to be admitted to a public hospital for self-harm than Australian male patients (0.9% vs 0.8%).

During each year of the analysis period, among public hospital patients, ex-serving male patients who served solely in the reserve forces for less than one year were 90% more likely to be admitted for self-harm at least once, when compared to Australian male patients (1.6% vs 0.8%). In contrast, ex-serving male patients who served for over ten years, were 50% less likely to be admitted to a public hospital for self-harm than Australian male patients (0.4% vs 0.8%).

48. From 2010 to 2020, each year on average, the proportion of ex-serving male public hospital patients who served for less than one year, or for between one and five years in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for a self-harm-related diagnosis at least once, was 210% (or 3.1 times) greater than for Australian male patients aged 17 and over (2.5% vs 0.8% and 2.6% vs 0.8% respectively). The proportion of ex-serving male patients who served for more than 10 years in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for a self-harm-related diagnosis, was similar to that of Australian male patients aged 17 and over (0.9% vs 0.8%).
49. From 2010 to 2020, each year on average, the proportion of ex-serving male public hospital patients who served for less than one year solely in the reserve forces, and were aged 17 and over, that were admitted to a public hospital for a self-harm-related diagnosis at least once, was 90% (or 1.9 times) greater than for Australian male patients aged 17 and over (1.6% vs 0.8%). The proportion of ex-serving male patients who served for more than 10 years solely in the reserve forces, and were aged 17 and over, that were admitted to a public hospital for a self-harm-related diagnosis, was 50% less than for Australian male patients aged 17 and over (0.4% vs 0.8%).

Table 8 Comparative proportions of public hospital patients with intentional self-harm related diagnosis, ex-serving males, by prior service status and length of service, 2010-20

Male ex-serving Any self-harm related diagnosis Length of service	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
<1 year	360	210%↑	Yes (2.8, 3.4)	130	90%↑	Yes (1.6, 2.3)
1-<5 years	476	210%↑	Yes (2.8, 3.4)	299	60%↑	Yes (1.4, 1.8)
5-<10 years	310	100%↑	Yes (1.8, 2.3)	61	20%↓	No (0.6, 1.1)
10+ years	429	10%↑	No (1.0, 1.2)	70	50%↓	Yes (0.4, 0.6)

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.

2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.

3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.

4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.

5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.

6) By age and service characteristic at admission.

7) Intentional self-harm stays are defined based on the ICD-10-AM principal diagnosis in the range S00-T75, T79 and has a principal external cause code in the range X60-X84, Y87.0.

8) Where a stay includes more than one episode, self-harm related stays are reported by the principal diagnosis and first external cause of any episode in the stay. Multi-episode stays may be assigned to more than one self-harm mechanism of injury.

- 9) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.
- 10) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.
- 11) For patient years, patients are counted for each year they were admitted.
- 12) Sum of self-harm related diagnosis groups do not equate to the any self-harm group as patients may be admitted for more than one self-harm related diagnosis group.
- 13) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.

Self-harm-related diagnoses for male ex-serving members by rank

In brief:

During each year of the analysis period, among public hospital patients, ex-serving male patients who served in a junior rank (E00 [Recruit Seaman, Private, or Aircraftman] to E05 [Leading Seaman, or Corporal]) of the permanent forces at separation were 140% (or 2.4 times) more likely to be admitted for self-harm at least once, when compared to Australian male patients (2.0% vs 0.8%).

In contrast, the proportion of ex-serving male patients who served as commissioned officers (Midshipman or Officer Cadet, or higher) or in a senior rank (equivalent rank to E06 [Petty Officer, or Sergeant] to E10 [Warrant Officer of the Navy, Regimental Sergeant Major of the Army, or Warrant Officer of the Air Force]) of the permanent forces at separation who were admitted to a public hospital for self-harm was similar to, or less than, Australian male patients (0.8% vs 0.8% and 0.7% vs 0.8% respectively).

50. From 2010 to 2020, each year on average, the proportion of ex-serving male public hospital patients who served in a junior rank (E00 [Recruit Seaman, Private, or Aircraftman] to E05 [Leading Seaman, or Corporal]¹) of the permanent forces at separation, and were aged 17 and over, that were admitted to a public hospital for a self-harm related-diagnosis at least once, was 140% (or 2.4 times) greater than for Australian male patients aged 17 and over (2.0% vs 0.8%).
51. The proportion of ex-serving male patients who served solely in the reserve forces, and were aged 17 and over and who served in a junior rank at separation, that were admitted to a public hospital for a self-harm related diagnosis was 40% (or 1.4 times) greater than for Australian male patients aged 17 and over (1.2% vs 0.8%).

Table 9 Comparative proportions of public hospital patients with intentional self-harm related diagnosis, ex-serving males, by prior service status and rank, 2010-20

Male ex-serving Any self-harm related diagnosis Rank	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Officer	74	0%	No (0.8, 1.3)	24	50%↓	Yes (0.3, 0.7)
Sr other ranks	162	20%↓	Yes (0.7, 0.9)	14	70%↓	Yes (0.2, 0.6)
Other ranks	1,339	140%↑	Yes (2.3, 2.6)	522	40%↑	Yes (1.3, 1.5)

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

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Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

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1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.

2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.

3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.

4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.

5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.

6) By age and service characteristic at admission.

7) Intentional self-harm stays are defined based on the ICD-10-AM principal diagnosis in the range S00-T75, T79 and has a principal external cause code in the range X60-X84, Y87.0.

8) Where a stay includes more than one episode, self-harm related stays are reported by the principal diagnosis and first external cause of any episode in the stay. Multi-episode stays may be assigned to more than one self-harm mechanism of injury.

9) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.

- 10) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.
- 11) For patient years, patients are counted for each year they were admitted.
- 12) Sum of self-harm related diagnosis groups do not equate to the any self-harm group as patients may be admitted for more than one self-harm related diagnosis group.
- 13) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.

Self-harm-related diagnoses for male ex-serving members by separation reason

In brief:

During each year of the analysis period, among public hospital patients, ex-serving male patients who served in the permanent forces and separated involuntarily for medical reasons were 360% (or 4.6 times) more likely to be admitted for self-harm at least once, when compared to Australian male patients (3.9% vs 0.8%).

During each year of the analysis period, among public hospital patients, ex-serving male patients who served in the permanent forces and separated involuntarily for reasons other than medical, were 200% (or 3 times) more likely to be admitted to a public hospital for self-harm, when compared to Australian male patients (2.5% vs 0.8%). In contrast, ex-serving male patients who served solely in the reserve forces and separated involuntarily for reasons other than medical, were 50% more likely to be admitted to a public hospital for self-harm than Australian male patients (1.2% vs 0.8%).

52. From 2010 to 2020, each year on average, the proportion of ex-serving male public hospital patients who served in the permanent forces and separated involuntarily for medical reasons, and were aged 17 and over, that were admitted to a public hospital for a self-harm-related diagnosis at least once, was 360% (or 4.6 times) greater than for Australian male patients aged 17 and over (3.9% vs 0.8%). For patients who separated involuntarily for reasons other than medical, proportions were 200% (or 3 times) greater than for Australian male patients aged 17 and over (2.5% vs 0.8%).
53. The proportion of ex-serving male patients who served solely in the reserve forces, and were aged 17 and over, and separated involuntarily for reasons other than medical, that were admitted to a public hospital for a self-harm related diagnosis was 50% higher (or 1.5 times) greater than for Australian male patients aged 17 and over (1.2% vs 0.8%).

Table 10 Comparative proportions of public hospital patients with intentional self-harm related diagnosis, ex-serving males, by prior service status and separation reason, 2010-20

Male ex-serving Any self-harm related diagnosis Separation reason	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Voluntary	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Involuntary - medical	287	360%↑	Yes (4.1, 5.2)	11	170%↑	Yes (1.5, 4.8)
Involuntary - other	225	200%↑	Yes (2.7, 3.5)	69	50%↑	Yes (1.2, 1.9)
Contractual/Admin change	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

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A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

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1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.

2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.

3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.

4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.

5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.

6) By age and service characteristic at admission.

7) Intentional self-harm stays are defined based on the ICD-10-AM principal diagnosis in the range S00-T75, T79 and has a principal external cause code in the range X60-X84, Y87.0.

8) Where a stay includes more than one episode, self-harm related stays are reported by the principal diagnosis and first external cause of any episode in the stay. Multi-episode stays may be assigned to more than one self-harm mechanism of injury.

- 9) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.
- 10) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.
- 11) For patient years, patients are counted for each year they were admitted.
- 12) Sum of self-harm related diagnosis groups do not equate to the any self-harm group as patients may be admitted for more than one self-harm related diagnosis group.
- 13) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.
- 14) Due to a change in the way the reasons for separating the ADF was recorded during 2002, analysis is presently only for ADF members who left from 1 January 2003 onwards. These members comprise 43% of the total alive and died ex-serving members with at least 1 day of service since 1 January 1985.

Self-harm-related diagnoses for male ex-serving members by service

In brief:

During each year of the analysis period, among public hospital patients, ex-serving male patients who served in the permanent forces of the Navy or Army were 100% (or 2 times) (1.7% vs 0.8%) and 130% (or 2.3 times) (1.9% vs 0.8%) more likely, respectively, to be admitted for self-harm at least once, when compared to Australian male patients.

In contrast, ex-serving male patients who served solely in the Army reserve forces were 20% more likely to be admitted to hospital for self-harm than Australian male patients (1.0% vs 0.8%).

54. From 2010 to 2020, each year on average, the proportion of ex-serving male public hospital patients who served in the Army permanent forces, and was aged 17 and over, that was admitted to a public hospital for a self-harm-related diagnosis at least once, was 130% (or 2.3 times) greater than for Australian male patients aged 17 and over (1.9% vs 0.8%). For male public hospital patients who had served in the Navy, the proportion was 100% (or 2 times) greater than for Australian male patients aged 17 and over (1.7% vs 0.8%), and for male public hospital patients who had served in the Air Force, the proportion was similar to that of Australian male patients aged 17 and over (0.8% vs 0.8%).
55. The proportion of ex-serving male patients who served solely in the Army reserve forces, and was aged 17 and over, that was admitted to a public hospital for a self-harm-related diagnosis was 20% (or 1.2 times) greater than for Australian male patients aged 17 and over (1.0% vs 0.8%). For male public hospital patients who had served solely in the Navy reserves or Air Force reserves, the proportion was similar to that of Australian male patients aged 17 and over (0.7% vs 0.8% and 0.9% vs 0.8% respectively).

Table 11 Comparative proportions of public hospital patients with intentional self-harm related diagnosis, ex-serving males, by prior service status and service, 2010-20

Male ex-serving Any self-harm related diagnosis Service	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Army	1,036	130%↑	Yes (2.1, 2.4)	537	20%↑	Yes (1.1, 1.3)
Navy	359	100%↑	Yes (1.8, 2.2)	11	10%↓	No (0.5, 1.6)
Air Force	180	10%↓	No (0.8, 1.1)	12	10%↑	No (0.6, 2.0)

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.

2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.

3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.

4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.

5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.

6) By age and service characteristic at admission.

7) Intentional self-harm stays are defined based on the ICD-10-AM principal diagnosis in the range S00-T75, T79 and has a principal external cause code in the range X60-X84, Y87.0.

8) Where a stay includes more than one episode, self-harm related stays are reported by the principal diagnosis and first external cause of any episode in the stay. Multi-episode stays may be assigned to more than one self-harm mechanism of injury.

9) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.

10) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.

11) For patient years, patients are counted for each year they were admitted.

12) Sum of self-harm related diagnosis groups do not equate to the any self-harm group as patients may be admitted for more than one self-harm related diagnosis group.

13) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.

Self-harm-related diagnoses for male ex-serving members by time since service

In brief:

During each year of the analysis period, among public hospital patients, ex-serving male patients who served in the permanent forces were 250% (or 3.5 times) more likely to be admitted for self-harm at least once within the first year of separating, when compared to Australian male patients (2.9% vs 0.8%).

Ex-serving male patients who served in the permanent forces were 240% (or 3.4 times) more likely to be admitted to hospital for self-harm within one to five years of separating, when compared to Australian male patients (2.8% vs 0.8%).

56. From 2010 to 2020, each year on average, the proportion of ex-serving male public hospital patients who served in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for a self-harm-related diagnosis at least once within one year after separating, was 250% (or 3.5 times) greater than for Australian male patients aged 17 and over (2.9% vs 0.8%). The proportion remained high for self-harm-related diagnoses between one and five years after separating (240% [or 3.4 times] greater) (2.8% vs 0.8%), and then decreased after longer periods had elapsed since separation, when compared to Australian male patients aged 17 and over.

Table 12 Comparative proportions of public hospital patients with intentional self-harm related diagnosis, ex-serving males, by prior service status and time since separation, 2010-20

Male ex-serving Any self-harm related diagnosis Time since service	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
<1 year	79	250%↑	Yes (2.8, 4.4)	11	50%↑	No (0.8, 2.7)
1-<5 years	272	240%↑	Yes (3.0, 3.8)	45	50%↑	Yes (1.1, 2.0)
5-<10 years	221	170%↑	Yes (2.3, 3.0)	53	20%↑	No (0.9, 1.6)
10-<20 years	442	100%↑	Yes (1.8, 2.2)	197	20%↑	Yes (1.1, 1.4)
20+ years	564	30%↑	No (1.2, 1.4)	255	10%↑	No (1.0, 1.2)

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

- 1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.
- 2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.
- 3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.
- 4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.
- 5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.
- 6) By age and service characteristic at admission.
- 7) Intentional self-harm stays are defined based on the ICD-10-AM principal diagnosis in the range S00-T75, T79 and has a principal external cause code in the range X60-X84, Y87.0.

- 8) Where a stay includes more than one episode, self-harm related stays are reported by the principal diagnosis and first external cause of any episode in the stay. Multi-episode stays may be assigned to more than one self-harm mechanism of injury.
- 9) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.
- 10) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.
- 11) For patient years, patients are counted for each year they were admitted.
- 12) Sum of self-harm related diagnosis groups do not equate to the any self-harm group as patients may be admitted for more than one self-harm related diagnosis group.
- 13) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.
- 14) Sum of time since service characteristic values do not equate to all ex-serving as time since separation is taken from the point of separation from the ADF to the point of hospital admission.
- 15) Time since service less than one year includes a small number of stays where admission occurred before termination from ADF service, but separation occurred while ex-serving.

Self-harm-related diagnoses for female ex-serving members by DVA cardholder status

In brief:

During each year of the analysis period, among public hospital patients, ex-serving female patients who served in the permanent forces and were DVA clients were 220% (or 3.2 times) more likely to be admitted for self-harm at least once, when compared to Australian female patients (3.0% vs 0.9%). Ex-serving female patients who served in the permanent forces and were not DVA clients were 130% (or 2.3 times) more likely to be admitted to hospital for any self-harm-related diagnosis, when compared to Australian female patients (2.2% vs 0.9%).

57. From 2010 to 2020, each year on average, the proportion of ex-serving female public hospital patients who served in the permanent forces, and were aged 17 and over, and were DVA clients, that were admitted to a public hospital for a self-harm-related diagnosis at least once, was 220% (or 3.2 times) greater than for Australian female patients aged 17 and over (3.0% vs 0.9%). For patients who were not DVA clients, the proportion was 130% (or 2.3 times) greater than for Australian female patients aged 17 and over (2.2% vs 0.9%).

Table 13 Comparative proportions of public hospital patients with intentional self-harm related diagnosis, ex-serving females, by prior service status and DVA characteristics, 2010-20

Female ex-serving Any self-harm related diagnosis	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
DVA client	193	220%↑	Yes (2.8, 3.7)	36	140%↑	Yes (1.8, 3.4)
DVA client - Gold card	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
DVA client - White card	117	240%↑	Yes (2.9, 4.1)	5		
DVA client - Other	45	130%↑	Yes (1.7, 3.0)	29	180%↑	Yes (1.9, 4.0)
Not DVA client	282	130%↑	Yes (2.1, 2.6)	235	80%↑	Yes (1.6, 2.0)

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.

2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.

3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.

4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.

5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.

6) By age and service characteristic at admission.

7) Intentional self-harm stays are defined based on the ICD-10-AM principal diagnosis in the range S00-T75, T79 and has a principal external cause code in the range X60-X84, Y87.0.

- 8) Where a stay includes more than one episode, self-harm related stays are reported by the principal diagnosis and first external cause of any episode in the stay. Multi-episode stays may be assigned to more than one self-harm mechanism of injury.
- 9) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.
- 10) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.
- 11) For patient years, patients are counted for each year they were admitted.
- 12) Sum of self-harm related diagnosis groups do not equate to the any self-harm group as patients may be admitted for more than one self-harm related diagnosis group.
- 13) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.
- 14) Sum of DVA client characteristic values do not equate to all ex-serving DVA status may change over time and DVA clients may hold more than one card type simultaneously.
- 15) DVA client - Gold card includes DVA clients with a current gold card regardless of other card types held simultaneously.
DVA client - White card includes DVA clients with a white card and no gold card regardless of whether an orange card is held simultaneously.
DVA client - other includes non-cardholder clients, and clients whose only card is an Orange (RPBS only) card."

Self-harm-related diagnoses for female ex-serving members by length of service

In brief:

During each year of the analysis period, among public hospital patients, ex-serving female patients who served in the permanent forces for less than one year and for between one to five years were 200% (or 3 times) (2.8% vs 0.9%) and 220% (or 3.2 times) (3.0% vs 0.9%) more likely, respectively, to be admitted for self-harm at least once, when compared to Australian female patients.

Ex-serving female patients who served solely in the reserve forces for less than one year and for between one and five years were 170% (or 2.7 times) (2.5% vs 0.9%) and 90% (or 1.9 times) (1.8% vs 0.9%) more likely to be admitted to hospital for self-harm, when compared to Australian female patients.

Compared to Australian female patients, the difference in proportions of ex-serving female patients who were admitted to a public hospital for self-harm across both permanent forces and solely reserve forces decreased with increasing length of service.

58. From 2010 to 2020, each year on average, the proportion of ex-serving female public hospital patients who served for less than one year in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for a self-harm-related diagnosis at least once, was 200% (or 3 times) greater than for Australian female patients aged 17 and over (2.8% vs 0.9%). For patients who served between one and five years, the proportion was 220% (or 3.2 times) greater than for Australian female patients aged 17 and over (3.0% vs 0.9%).
59. The proportion of ex-serving female patients who served for less than one year solely in the reserve forces, and were aged 17 and over, that were admitted to a public hospital for a self-harm-related diagnosis was 170% (or 2.7 times) greater than for Australian female patients aged 17 and over (2.5% vs 0.9%). For patients who served between one and five years, the proportion was 90% (or 1.9 times) greater than for Australian female patients aged 17 and over (1.8% vs 0.9%).
60. For female patients who served in the permanent forces or solely in the reserve forces, the difference in proportions for self-harm-related diagnoses mostly decreased with increasing length of service, when compared to Australian female patients.

Table 14 Comparative proportions of public hospital patients with intentional self-harm related diagnosis, ex-serving females, by prior service status and length of service, 2010-20

Female ex-serving Any self-harm related diagnosis Length of service	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
<1 year	140	200%↑	Yes (2.5, 3.5)	70	170%↑	Yes (2.1, 3.4)
1-<5 years	154	220%↑	Yes (2.7, 3.7)	131	90%↑	Yes (1.6, 2.3)
5-<10 years	101	140%↑	Yes (2.0, 3.0)	38	40%↑	Yes (1.0, 1.9)
10+ years	78	80%↑	Yes (1.5, 2.3)	32	30%↑	No (0.9, 1.8)

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.

2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.

3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.

4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.

5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.

6) By age and service characteristic at admission.

7) Intentional self-harm stays are defined based on the ICD-10-AM principal diagnosis in the range S00-T75, T79 and has a principal external cause code in the range X60-X84, Y87.0.

8) Where a stay includes more than one episode, self-harm related stays are reported by the principal diagnosis and first external cause of any episode in the stay. Multi-episode stays may be assigned to more than one self-harm mechanism of injury.

- 9) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.
- 10) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.
- 11) For patient years, patients are counted for each year they were admitted.
- 12) Sum of self-harm related diagnosis groups do not equate to the any self-harm group as patients may be admitted for more than one self-harm related diagnosis group.
- 13) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.

Self-harm-related diagnoses for female ex-serving members by rank

In brief:

During each year of the analysis period, among public hospital patients, ex-serving female patients who served in a junior rank of the permanent forces at separation were 170% (or 2.7 times) more likely to be admitted for self-harm at least once, when compared to Australian female patients (2.5% vs 0.9%). Ex-serving female patients who served solely in the reserve forces in a junior rank at separation were 90% (1.9 times) more likely to be admitted to hospital for self-harm than Australian female patients (1.8% vs 0.9%).

61. From 2010 to 2020, each year on average, the proportion of ex-serving female public hospital patients who served in a junior rank of the permanent forces at separation, were aged 17 and over, that were admitted to a public hospital for a self-harm related diagnosis at least once, was 170% (or 2.7 times) greater than for Australian female patients aged 17 and over (2.5% vs 0.9%).
62. The proportion of ex-serving female patients who served solely in the reserve forces in a junior rank at separation, and aged 17 and over, that were admitted to a public hospital for a self-harm-related diagnosis was 90% (or 1.9 times) greater than for Australian female patients aged 17 and over (1.8% vs 0.9%).

Table 15 Comparative proportions of public hospital patients with intentional self-harm related diagnosis, ex-serving females, by prior service status and rank, 2010-20

	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Female ex-serving Any self-harm related diagnosis Rank						
Officer	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Sr other ranks	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other ranks	412	170%↑	Yes (2.5, 3.0)	243	90%↑	Yes (1.7, 2.1)

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.

2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.

3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.

4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.

5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.

6) By age and service characteristic at admission.

7) Intentional self-harm stays are defined based on the ICD-10-AM principal diagnosis in the range S00-T75, T79 and has a principal external cause code in the range X60-X84, Y87.0.

8) Where a stay includes more than one episode, self-harm related stays are reported by the principal diagnosis and first external cause of any episode in the stay. Multi-episode stays may be assigned to more than one self-harm mechanism of injury.

9) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.

10) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.

11) For patient years, patients are counted for each year they were admitted.

12) Sum of self-harm related diagnosis groups do not equate to the any self-harm group as patients may be admitted for more than one self-harm related diagnosis group.

13) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.

Self-harm-related diagnoses for female ex-serving members by separation reason

63. The findings for self-harm-related diagnosis by separation reason for female public hospital patients are presented below, however the patient years the results are based upon are few, therefore we have not drawn any conclusions from the data.

Table 16 Comparative proportions of public hospital patients with intentional self-harm related diagnosis, ex-serving females, by prior service status and separation reason, 2010-20

Female ex-serving Any self-harm related diagnosis Separation reason	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Voluntary	39	70%↑	Yes (1.2, 2.3)	26	20%↑	No (0.8, 1.8)
Involuntary - medical	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Involuntary - other	41	140%↑	Yes (1.8, 3.3)	27	70%↑	Yes (1.1, 2.4)
Contractual/Admin change	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.

2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.

3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.

4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.

5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.

6) By age and service characteristic at admission.

7) Intentional self-harm stays are defined based on the ICD-10-AM principal diagnosis in the range S00-T75, T79 and has a principal external cause code in the range X60-X84, Y87.0.

8) Where a stay includes more than one episode, self-harm related stays are reported by the principal diagnosis and first external cause of any episode in the stay. Multi-episode stays may be assigned to more than one self-harm mechanism of injury.

9) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.

10) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.

11) For patient years, patients are counted for each year they were admitted.

12) Sum of self-harm related diagnosis groups do not equate to the any self-harm group as patients may be admitted for more than one self-harm related diagnosis group.

13) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.

14) Due to a change in the way the reasons for separating the ADF was recorded during 2002, analysis is presently only for ADF members who left from 1 January 2003 onwards. These members comprise 43% of the total alive and died ex-serving members with at least 1 day of service since 1 January 1985.

Self-harm-related diagnoses for female ex-serving members by service

64. The findings for self-harm-related diagnosis by service for female public hospital patients, as presented below, have been suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

Table 17 Comparative proportions of public hospital patients with intentional self-harm related diagnosis, ex-serving females, by prior service status and service, 2010-20

Female ex-serving Any self-harm related diagnosis Service	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
Army	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Navy	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Air Force	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.

2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.

3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.

4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.

5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.

6) By age and service characteristic at admission.

7) Intentional self-harm stays are defined based on the ICD-10-AM principal diagnosis in the range S00-T75, T79 and has a principal external cause code in the range X60-X84, Y87.0.

8) Where a stay includes more than one episode, self-harm related stays are reported by the principal diagnosis and first external cause of any episode in the stay. Multi-episode stays may be assigned to more than one self-harm mechanism of injury.

9) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.

10) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.

11) For patient years, patients are counted for each year they were admitted.

12) Sum of self-harm related diagnosis groups do not equate to the any self-harm group as patients may be admitted for more than one self-harm related diagnosis group.

13) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.

Self-harm-related diagnoses for female ex-serving members by time since service

In brief:

During each year of the analysis period, among public hospital patients, ex-serving female patients who served in the permanent forces were 200% (or 3 times) more likely to be admitted for self-harm at least once between one and five years after separating, when compared to Australian female patients (2.8% vs 0.9%).

In contrast, ex-serving female patients who served solely in the reserve forces were 110% (2.1 times) more likely to be admitted to hospital for self-harm 20 years or more after separating, when compared to Australian female patients (1.9% vs 0.9%).

65. From 2010 to 2020, each year on average, the proportion of ex-serving female public hospital patients who served in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for a self-harm-related diagnosis at least once between one and five years after separating, was 200% (or 3 times) greater than for Australian female patients aged 17 and over (2.8% vs 0.9%).
66. The proportion of ex-serving female patients who served in the permanent forces, and were aged 17 and over, that were admitted to a public hospital for a self-harm-related diagnosis more than 20 years or more after separating was 130% (2.3 times) greater than for Australian female patients aged 17 and over (2.1% vs 0.9%).

Table 18 Comparative proportions of public hospital patients with intentional self-harm related diagnosis, ex-serving females, by prior service status and time since service, 2010-20

Female ex-serving Any self-harm related diagnosis Time since service	Permanent ex-serving			Reserve ex-serving		
	Patient years	Relative difference	Statistically significant	Patient years	Relative difference	Statistically significant
<1 year	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
1-<5 years	79	200%↑	Yes (2.4, 3.7)	16	40%↑	No (0.9, 2.3)
5-<10 years	61	120%↑	Yes (1.7, 2.8)	30	70%↑	Yes (1.2, 2.4)
10-<20 years	152	170%↑	Yes (2.3, 3.1)	97	80%↑	Yes (1.5, 2.2)
20+ years	144	130%↑	No (1.9, 2.7)	126	110%↑	No (1.7, 2.4)

Notes:

Relative difference compares the rate of patient years in the given sex and service status group with the Australian population. The ratio is not age-adjusted and therefore does not account for differences in underlying age structures.

n.p. Suppressed due to small numbers, or to prevent subsequent disclosure of cells with small numbers.

A relative difference in bold denotes a relative difference that is statistically significant.

Confidence intervals (CI) are not shown where there are insufficient numbers to support the calculation.

Different vetting and release approval practices apply to the different data sources.

- 1) Includes ADF members with at least one day of service since 1 January 1985 who were ex-serving (separated from permanent and/or reserve ADF service) and alive at any point from 1 July 2010 to 30 June 2020.
- 2) Ex-serving members are subcategorised into those who have had any previous record of permanent service and those who have had only record of reserve service.
- 3) Ex-serving ADF members whereby history of prior service status could not be determined were excluded from this table.
- 4) By year of separation from hospital stay, for separations between 1 July 2010 and 30 June 2020.
- 5) Includes stay separations that occurred while ex-serving (for ex-serving members) and where patients were aged 17 years or older at admission.
- 6) By age and service characteristic at admission.
- 7) Intentional self-harm stays are defined based on the ICD-10-AM principal diagnosis in the range S00-T75, T79 and has a principal external cause code in the range X60-X84, Y87.0.

- 8) Where a stay includes more than one episode, self-harm related stays are reported by the principal diagnosis and first external cause of any episode in the stay. Multi-episode stays may be assigned to more than one self-harm mechanism of injury.
- 9) Excludes stays where the principal diagnosis was in the ICD-10-AM chapter 'Certain conditions originating in the perinatal period' or 'Codes for special purposes'.
- 10) Includes public hospital data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. Additional data for ex-serving members was provided by the Department of Veterans' Affairs (DVA) for DVA-funded admitted patient care in public hospitals in all states and territories, including Western Australia and the Northern Territory.
- 11) For patient years, patients are counted for each year they were admitted.
- 12) Sum of self-harm related diagnosis groups do not equate to the any self-harm group as patients may be admitted for more than one self-harm related diagnosis group.
- 13) Sum of age groups do not equate to the all ages group as patients may be admitted at more than one age group over time.
- 14) Sum of time since service characteristic values do not equate to all ex-serving as time since separation is taken from the point of separation from the ADF to the point of hospital admission.
- 15) Time since service less than one year includes a small number of stays where admission occurred before termination from ADF service, but separation occurred while ex-serving.

5 Technical notes

67. The following technical notes relate to the analysis provided within this appendix.

5.1 Admitted patient analysis

68. These notes were derived from the AIHW report *Use of healthcare services by ex-serving ADF members for conditions associated with suicidality and intentional self-harm* (published in July 2004).

Data sources

69. The information in this report is based on several data sources.

Department of Defence personnel system data

70. The Department of Defence compiled a file of current and historical personnel systems for ADF members who have served since 1 January 1985. This combines Personnel Management Key Solution (PMKeyS), Core HR system, D1, CENRESPAY (for reservists), ADFPAY (for permanent members) and other historical payment systems. The Department of Defence and AIHW assessed the resulting file for completeness and duplicates. Comparisons were made with records from Defence annual reports and other sources to validate the list. For ex-serving ADF members, service characteristics are reported as at date of separation from the ADF.

Department of Veterans' Affairs (DVA) client data

71. The DVA client data was used to identify ex-serving ADF members who were eligible for financial and/or healthcare support, from 1 July 2010 to 30 June 2020. There have been significant changes to DVA policy over the study period, particularly in increasing access to non-liability mental health care. Since July 2016, all current and former ADF members have been entitled to non-liability health care for all mental health conditions and are considered DVA clients from first use of these services. While the proportion of DVA clients and the number of services provided by DVA increases - this does not necessarily indicate an increase in the prevalence of mental health conditions.

DVA National Treatment Account (NTA)

72. The NTA is an administrative data set containing records of DVA-funded health services provided to eligible DVA clients. This includes data for admitted patient care provided in public and private hospitals and for non-admitted emergency department care from 1 July 2010 to 30 June 2020. Data for DVA-funded admitted patient care provided by public hospitals contributed to the Australian suicide and ex-serving ADF member linked datasets.

National Mortality Database (NMD)

73. Cause of Death Unit Record File data are provided to the AIHW by the Australian Coordinating Registry as compiled by the ABS on behalf of Registrars of Births, Deaths, and Marriages (RBDM). Cause of death and demographic items are coded by the Australian Bureau of Statistics (ABS) from data originating from the Registrars of Births, Deaths and Marriages and the National Coronial Information System (managed by the Victorian Department of Justice and Community Safety). The data are maintained by the AIHW in the NMD.

National Death Index (NDI)

74. The NDI is managed by the AIHW and contains person-level records of all deaths in Australia since 1980 obtained from the Registrars of Births, Deaths and Marriage in each state and territory. NDI use is confined to data linkage studies approved by the AIHW Ethics Committee for health and medical research. NDI records are supplemented with cause of death information from the National Mortality Database (AIHW).
75. The data quality statement underpinning the NDI can be found at: [National Death Index \(NDI\), Data Quality Statement](#).

National Hospital Morbidity Database (NHMD)

76. The National Hospital Morbidity Database (NHMD) is a compilation of episode-level records from the admitted patient morbidity data collection systems in Australian hospitals. It is a comprehensive data set that has records for all episodes of admitted patient care from essentially all public and private hospitals in Australia. The data supplied are based on the National Minimum Data Set (NMDS) for Admitted Patient Care and include administrative, demographic, length of stay and clinical data including diagnoses, procedures and external causes of injury or poisoning. States and territories are primarily responsible for the quality of data. However, the AIHW undertakes extensive validation procedures on receipt of the data, checking for valid values, and logical and historical consistency. Potential errors are queried with jurisdictions.

Key definitions

77. An *admitted patient* undergoes a hospital's formal admission process to receive treatment and/or care. This may be provided as a day-only or overnight admission. There is variation across jurisdictions as to what requires a day-only or overnight admission. Day-only admissions are generally for treatment or care of at least 4 hours' duration i.e., brief outpatient clinic appointments for consultation, review or testing are not captured in this data.
- *Separation* is the term used to refer to an episode of admitted patient care, which can be a total hospital stay, or a portion of a hospital stay when there is a change in care type e.g. from acute care to rehabilitation care. Most episodes represent

a single hospital stay. Separation (rather than admission)/number of separations is used as the unit of measurement for episode-based analysis. 'Separation' also refers to the completion of an episode of care i.e. changing care type, transferring to another hospital, discharge or death.

- *Care type* defines the overall nature of the clinical service. There are several care types – acute and mental health care will be the focus of this analysis. Note that mental health care was introduced on 1 July 2015 – prior to this date admitted mental health care was primarily captured within the acute care type, but also rehabilitation, geriatric and psychogeriatric care types.
- *Stay* refers to the contiguous period of admitted patient care. Most stays are a single separation or episode of admitted patient care. Stays with multiple separations are those with transfers between hospitals, changes in care type e.g. from acute care to rehabilitation care or a day-only transfer for treatment e.g. for a surgical procedure.
- The *principal diagnosis* is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care.
- An *additional or secondary diagnosis* is a condition or complaint that either coexists with the principal diagnosis, or arises during the episode of care. Generally (diabetes is a notable exception), a secondary diagnosis should only be recorded if the condition affects patient management for that episode of care, i.e., it cannot be assumed that the patient does not have a particular condition if it is not recorded.
- *External cause/place of external cause* ICD-10-AM codes describe the external event, circumstance or condition as the cause or place of injury, poisoning or other adverse effect.
- A separation is referred to as *mental health related* if a mental health-related principal diagnosis was recorded as either a diagnosis from ICD-10-AM Chapter 5 Mental and behavioural disorders, or a selected diagnosis from other ICD-10-AM chapters or it included any specialised psychiatric care.
- *Specialised psychiatric care* is provided in a dedicated psychiatric ward or unit. Noting that mental health care is also provided by mental health professionals i.e. psychiatrists, psychologists, nurses, social workers and drug and alcohol counsellors in general wards, outpatient areas and emergency departments. Not all hospitals have specialised psychiatric units to accommodate patients receiving mental health care. Patients who have been admitted involuntarily for treatment of severe mental illness e.g. psychosis or suicidality are generally, if possible, transferred to a hospital with a specialised psychiatric facility by ambulance and/or police.

78. Information about the NHMD is available [here](#).

National Integrated Health Services Information Analysis Asset v2.0 (NIHSI)

79. The NIHSI is an enduring linked data asset managed under the custodianship of the AIHW. It includes State/Territory hospitals data and national health administrative data sets. The hospital data includes:
- admitted patient care services public hospitals data for all States and Territories except WA and NT,
 - private hospitals data for QLD, ACT and Vic., and
 - emergency department services and outpatient services in public hospitals.
80. The national health administrative data includes:
- Medicare Benefits Schedule (MBS) data
 - Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) data
 - Residential Aged Care Services data
 - National Death Index (NDI).
81. The Australian Immunisation Register was due to be added in mid-2023.
82. More information is available at [National Integrated Health Service Information Analysis Asset \(NIHSI\) version 1.0 \(aihw.gov.au\)](https://www.aihw.gov.au/nihsi).
83. The Australian population comparator analysis of admitted patient care used the data held in NIHSI.

Limitations of the NHMD available in NIHSI for this analysis

84. This analysis used the NHMD data for admitted patient care provided by public hospitals. Private hospital data fit for this analysis was not available from sufficient Australian states or territories for analysis at the national level. While admitted patient care for intentional self-harm and acute mental health-related conditions is often provided by public hospitals following presentation to the emergency department, private hospitals provide a significant component of admitted patient care, particularly for less acute mental health, and alcohol and other drug-related conditions. The care provided for these conditions by private hospitals is often qualitatively different from that provided by public hospitals, being less acute and directed towards rehabilitation and maintenance.
85. Future analysis is planned for those jurisdictions with complete public and private hospital data.

Multi-Agency Data Integration Project (MADIP)

86. The Multi-Agency Data Integration Project (MADIP) is a partnership among Australian Government agencies to develop a secure and enduring approach for combining information on healthcare, education, government payments, personal income tax and population demographics. This analysis extracted demographic information about the ex-serving ADF member population and the comparator Australian population from the 2016 Census of Housing and Population and personal income tax data for the 2015-16 financial year. The MADIP is managed under the custodianship of the Australian Bureau of Statistics and more information is available [here](#).

Linkage approach for the ex-serving ADF cohort data set

87. The method to construct the dataset for this study was undertaken using data linkage, also known as data integration, the process that brings together information relating to an individual from multiple sources. AIHW undertook data linkage between an extract of PMKeyS, DVA client data, the DVA NTA, the NDI and the Medicare Consumer Directory, and subsequently to extracts of datasets available in NIHSI. This linkage was by a probabilistic linkage procedure (Fellegi & Sunter 1969).
88. The AIHW is an international leader in data linkage and an Accredited Data Service Provider (ADSP) under the data sharing scheme (the DATA Scheme) established by the *Data Availability and Transparency Act 2022* (DAT Act)². As an ADSP the AIHW abides by the Australian Government's Data Sharing Principles, constituting a best-practice risk management framework to enable the robust, safe, and secure sharing of data.
89. Strict separation of identifiable information and content data is maintained within the AIHW Data Linkage Unit in accordance with the AIHW linkage protocols. Summary results from the linked data set are presented in aggregate format. Personal identifying information is not released, and no individual can be identified in any reporting. The linked data set created for this study will be stored securely on site at the AIHW for 7 years.

Study period

90. Data for all sources (outlined in 'Data Sources' above) were available from 1 July 2010 to 30 June 2020.

Study populations

91. The minimum age for both the ex-serving ADF and Australian populations was 17 years.
92. The ex-serving ADF population includes all ex-serving ADF members who have served at least one day since 1 January 1985. As of 31 December 2020, almost 379,000 Australians had served at least one day in the ADF between 1 January 1985 and 31 December 2020. Of these, just over 362,000 were still alive, comprising 60,000 permanent ADF members, 39,000 reserve ADF members, and 263,000 ex-serving ADF members.

93. The ex-serving population under study includes all ex-serving ADF members who have served at least one day since 1 January 1985, and received at least one episode of admitted patient care in a public hospital in NSW, VIC, QLD, SA, TAS or ACT and eligible DVA clients who received DVA-funded admitted patient care in a public hospital in WA or NT.
94. Among this cohort, 30,677 (31.3%) were DVA clients – 8,614 (8.8%) had a Gold card as an indicator of eligibility for DVA-funded admitted patient care at a public or private hospital. A DVA client under the broad definition used in this report is an ex-serving member who satisfies at least one of the following criteria:
- has been issued a White, Orange or Gold card or
 - had at least one accepted claim for a health or disability condition accepted as being related to ADF service or
 - has received or is receiving benefits or payment or
 - had at least one health service or support service through the DVA National Treatment Account.
95. This definition does not include veterans who had made only rejected DVA claims and were not a card holder or in receipt of any benefits from DVA (See Codes and Classifications section for more information on DVA client cards and concepts).
96. The difference in the age structure was reviewed – both male and female ex-serving ADF members were over-represented in the younger age groups (35-64 years). Analysis was performed at the age group level to mitigate age-related effects. The focus of this analysis was mental health – epidemiological research suggests that around half of all life-time mental disorders start by the mid-teens and three quarters by the mid-20s, with later onset disorders being mostly secondary to an existing mental disorder (Kessler et al 2007). The 2021 National Survey of Mental Health and Well-being found that the prevalence of mental disorders was highest in the 16-24 (39.6%) and 25-34 (27.1%) age groups and lowest in the 75-85 (3.7%) age group (ABS 2020-21).
97. According to the 2016 census data available in MADIP, 200,772 ex-serving ADF members from this cohort were living in Australia at that time – 54,501 (27.1%) in QLD, 48,590 (24.2%) in NSW, 34,048 (16.9%) in VIC, 23,572 (11.7%) in WA, 15,241 (7.5%) in SA, 7,848 (3.9%) in the ACT, 6,860 (3.4%) in TAS and 3,542 (1.7%) in the NT.
98. The comparator population is the Australian population aged 17 and over. According to the 2016 census, 16,115,292 people aged 17 and over were living in Australia at that time – 3,214,620 (19.9%) in QLD, 5,150,539 (32.0%) in NSW, 4,099,833 (25.4%), 1,202,645 (7.5%) in SA, 1,681,396 (10.4%) in WA, 364,167 (2.3%) in TAS, 126,954 (0.8%) in NT and 275,138 (1.7%) in the ACT.

99. Preliminary analysis of Australian Taxation Office data found that this cohort of ex-serving ADF members had similar access to private hospital care as the Australian population in 2016 (in terms of uptake of private hospital insurance). This is consistent with previous AIHW analysis comparing related sociodemographic characteristics e.g. income, home ownership between this cohort of ex-serving ADF members and the Australian population ([AIHW 2022](#)).

Limitations in the study populations

100. The study population does not include ADF members with service prior to 1 January 1985 due to technical limitations in Defence systems and information infrastructure for records before 1985. The study populations were ex-serving ADF members from this cohort and the Australian population aged 17 and over who received admitted patient care as a public or private patient in public hospitals in NSW, VIC, QLD, SA, TAS and the ACT. According to domicile recorded in the 2016 census – this means about 88% of both populations had access to a public hospital participating in NIHSI. While both populations seem to have had similar access to admitted patient care in private hospitals in terms of insurance – without complete private hospital data from all participating states and territories, it was not possible to confirm that the use of private hospital services was comparable between the two cohorts.
101. Additional data for admitted patient care services received by eligible ex-serving members in public hospitals in WA and NT was provided by DVA. At 1 July 2016, there were 13,145 (9% of total) gold card holders (eligible for DVA-funded admitted care) living in WA and NT. DVA Treatment Population Statistics for June 2016 are available [here](#).

Codes and classifications

International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM)

102. Diagnosis, intervention, and external cause data are provided to the NHMD by all states and territories using the ICD-10-AM and the Australian Classification of Health Interventions (ACHI). The Australian Coding Standards are designed to be used in conjunction with the ICD-10-AM and ACHI to support sound coding convention. Although the ICD-10-AM is primarily designed for the diseases and injuries with a formal diagnosis, it also classifies a wide variety of signs, symptoms, abnormal findings, complaints, and social circumstances that may stand in place of a diagnosis. During the study period, hospital records were coded according to the applicable ICD-10-AM edition:
- 2010–11 to 2012–13: ICD-10-AM 7th edition
 - 2013–14 to 2014–15: ICD-10-AM 8th edition
 - 2015–16 to 2016–17: ICD-10-AM 9th edition
 - 2017–18 to 2020–21: ICD-10-AM 10th edition.

103. It is important to note that diagnostic classifications and coding standards have changed over time. There is also variation in the quality, completeness and depth of coding across services, and state-specific standards. These factors can impact on the accuracy of diagnostic information.
104. ICD-10-AM 1-4 character diagnosis codes are used to construct the diagnostic groups according to AIHW conventions for this analysis.
105. Excluded from this analysis were separations with the care type 'hospital border' or 'posthumous organ procurement'.

ICD-10 AM Chapter principal diagnostic groups

106. The 'Chapter' groups are the broadest diagnostic category in the ICD-10-AM for describing the reason a patient received admitted patient care. Table 1 delineates the ICD-10 AM Chapter diagnostic groups used for this analysis.

Table 1 ICD-10-AM codes for principal diagnosis by ICD-10-AM Chapter

ICD-10-AM codes	ICD-10-AM Chapter
A00-B99	Certain infectious and parasitic diseases
C00-D48	Neoplasms
D50-D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune system
E00-E89	Endocrine, nutritional and metabolic diseases
F00-F99	Mental and behavioural disorders
G00-G99	Diseases of the nervous system
H00-H59	Diseases of the eye and adnexa
H60-H95	Diseases of the ear and mastoid
I00-I99	Diseases of the circulatory system
J00-J99	Diseases of the respiratory system
K00-K93	Diseases of the digestive system
L00-L99	Diseases of the skin and subcutaneous tissue
M00-M99	Diseases of the musculoskeletal system and connective tissue
N00-N99	Diseases of the genitourinary system
O00-O99	Pregnancy, childbirth and the puerperium
P00-P96	Certain conditions originating in the perinatal period
Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
S00-T98	Injury, poisoning and certain other consequences of external causes
Z00-Z99	Factors influencing health status and contact with health services

Mental health diagnoses

107. These groups were constructed in accordance with AIHW reporting conventions. Broad mental health diagnostic groups were derived from the AIHW detailed groupings to accommodate small numbers for the ex-serving ADF member cohort.

108. Further information on codes and classifications for mental health diagnoses is available [here](#). Table 2 delineates the mental health diagnostic groups used for this analysis.

Table 2 ICD-10-AM codes for principal diagnosis by mental health diagnosis groups

ICD-10-AM codes	Mental health diagnostic group
F43	Stress-related disorders
F40-42, F44-45, F48	Anxiety disorders
F32	Depressive disorders
F30-31 F33-34 F38-39	Bipolar and other mood disorders (excluding depressive)
F1, Z50.2 Z50.3 Z71.4 Z71.5	Mental and behavioural disorders due to other psychoactive substance use
F00 F01 F02 F03 F051 G30	Dementia
F2	Schizophrenia and related disorders
F04 F05 (Excluding F051) F06 F07 F09	Other organic disorders
F5 (Excluding F52.5)	Behavioural syndromes
F6	Personality disorders
F7, F8 (excluding F84.2), F9 (Excluding F98.5 and F98.6)	Other 1 (diagnostic/symptoms)
Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9 and Z76.0.G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44.0, R44.1, R44.2, R44.3, R44.8, R45.0, R45.1, R45.4, R48.0, R48.1, R48.2 and R48.8. Any mental health related episode not captured above (i.e., psychiatric care days but no mental health related principal diagnosis)	Other 2 (mental health procedure-service/ environmental)

Intentional self-harm diagnoses

109. Records of hospitalisation for treatment following intentional self-harm were included if they met the following criteria:

- a principal diagnosis in the ICD-10-AM range S00-T75, T79 (Injury, poisoning and certain other consequences of external causes)
- the first reported external cause code in the record in the ICD-10-AM range X60–X84, Y87.0 (external causes of morbidity).

110. Table 3 delineates the mechanism of intentional self-harm groups used for this analysis.

Table 3 ICD-10-AM codes for mechanism of intentional self-harm

ICD-10-AM codes	Mechanism of intentional self-harm group
X60	Nonopioid analgesics, antipyretics and antirheumatics
X61	Antiepileptic, sedative-hypnotic, anti-parkinsonism, and psychotropic drugs, not elsewhere classified
X62	Narcotics and psychodysleptics [hallucinogens], not elsewhere classified
X63-X64	Other drugs
X65	Alcohol
X66, X68-X69	Other chemical (excluding gas)
X67	Gas
X70	Hanging
X78	Sharp objects
X71-X77, X79-X84, Y87.0	Other cause

111. Counts of hospitalisations for intentional self-harm reported may differ slightly from other publications. This reflects differences in the inclusion and/or exclusion criteria (e.g. rehabilitation) and multi-episode stay-based rather than single episode-based analysis. At least one episode in multi-episode stays had to meet the above criteria to be included in the intentional self-harm patient group. This diagnostic group had negligible (<0.1%) stays containing episodes with a principal or additional diagnosis of 'care involving the use of rehabilitation procedures' (Z50).

112. Further information about codes and classifications related to intentional self-harm is available [here](#).

Alcohol and other drug diagnoses

113. These groups were constructed in accordance with AIHW reporting conventions. Broad diagnostic groupings of physical and mental-health related conditions related to the use of alcohol and other drugs were constructed. This was to accommodate small numbers in the ex-serving ADF cohort.
114. Further information about the codes and classifications used by AIHW for the alcohol and other drug related diagnostic groups is available [here](#). Table 4 delineates the diagnostic groups used for this analysis.

Table 4 ICD-10-AM codes for principal diagnosis by alcohol and other drug diagnosis groups

ICD-10-AM codes	Alcohol and other drug diagnostic group
E52, F10.0–10.9, G31.2, I42.6, K29.2, K29.20–29.21, K70.0–70.9, K85.2, K86.0, T51.0–51.9, Z71.4	Alcohol
F11.0–11.9, T40.0–40.4, T40.6	Opioids
T42.4, F13.0–13.9, F13.0*–13.9*, T41.2, T41.2*, T42.0–T42.3, T42.5–42.8	Anti-epileptic, sedative-hypnotic and antiparkinsonian drugs
F55.2, N14.0, T39.0–39.4, T39.8–39.9, F12.0–12.9, T40.7, F16.0–16.9, F16.0*–16.9*, T40.8, T40.9, F14.0–14.9, T40.5, F17.0–17.9, T65.2, Z58.7, Z71.6, F15.01–15.02, F15.11–15.12, F15.21–15.22, F15.31–15.32, F15.41–15.42, F15.51–15.52, F15.61–15.62, F15.71–15.72, F15.81–15.82, F15.91–15.92, T43.61–43.62, F15.00, F15.09, F15.10, F15.19, F15.20, F15.29, F15.30, F15.39, F15.40, F15.49, F15.50, F15.59, F15.60, F15.69, F15.70, F15.79, F15.80, F15.89, F15.90, F15.99	Any other drug/drug-related including:
F55.0, T43.0–43.2	<i>Non-opioid analgesics</i>
T43.3–43.5	<i>Cannabinoids</i>
F18.0–18.9, T52.0–52.9, T53.0–53.7, T53.9, T59.0, T59.8	<i>Hallucinogens</i>
F19.0–19.9	<i>Cocaine</i>
F55.1, F55.3–F55.6, F55.8–55.9, K85.3, N14.1–14.3, T38.7, T43.8–43.9, T47.2–47.4, T50.1–50.3, T50.7, Z71.5	<i>Nicotine</i>
Q86.0	<i>Amphetamines and other stimulants</i>
	<i>Antidepressants</i>
	<i>Antipsychotics and neuroleptics</i>
	<i>Volatile solvents</i>
	<i>Multiple drug use</i>
	<i>Unspecified drug use</i>
	<i>Foetal and perinatal conditions</i>

NDI causes of mortality

115. Causes of mortality included in the NDI are recorded as ICD-10 codes, as derived by Australian Bureau of Statistics from death certificates. Causes of mortality have been grouped according to ICD-10 chapter. Subgroups have been created (where there is sufficient data) for 'intentional self-harm,' 'deaths of despair' and 'deaths of undetermined intent.' Deaths from intentional self-harm are a subgroup of deaths of despair. Table 5 provides further information.

Table 5 ICD-10 codes for cause of death groups

ICD-10 codes	Cause of death group
A00-B99	Certain infectious and parasitic diseases
C00-D48	Neoplasms
C33-C34	• <i>Lung cancer</i>
C00-D48 (excluding C33-C34)	• <i>Other neoplasms</i>
D50-D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune system
E00-E99	Endocrine, nutritional, and metabolic diseases
F00-F99	Mental and behavioural disorders
G00-G99	Diseases of the nervous system
H00-H59	Diseases of the eye and adnexa
H60-H95	Diseases of the ear and mastoid
I00-I99	Diseases of the circulatory system
J00-J99	Diseases of the respiratory system
K00-K93	Diseases of the digestive system
L00-L99	Diseases of the skin and subcutaneous tissue
M00-M99	Diseases of the musculoskeletal system and connective tissue
N00-N99	Diseases of the genitourinary system
O00-O99	Pregnancy, childbirth, and the puerperium
P00-P96	Certain conditions originating in the perinatal period
Q00-Q99	Congenital malformations, deformations, and chromosomal abnormalities
R00-R99	Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified
V01-Y98	External causes of mortality
X40-X49, Y40-Y59	• <i>Accidental poisoning, including drugs causing adverse effects in therapeutic use</i>
X60-X84, Y87.0	• <i>Intentional self-harm</i>

ICD-10 codes	Cause of death group
V01-Y98 (excluding X40-X49, X60-X84, Y40-Y59, Y87.0)	• <i>Other injury, poisoning and certain other consequences of external causes</i>
X60-X84 & Y87, K70, K73, K74, X40-X45, Y10-Y15, Y45, Y47, Y49	Deaths of despair
X60-X84, Y87.0	• <i>Intentional self-harm</i>
K70, K73, K74, X40-X45, Y10-Y15, Y45, Y47, Y49	• <i>Other deaths of despair</i>
Y10-Y34, Y87.2	Deaths of undetermined intent
All other or missing codes, including codes for special purposes such as provisional codes for COVID-19.	Other or unspecified cause of death

Military service-related characteristics

116. Table 6 provides information about ADF service characteristics that are used for this analysis.

Table 6 Definition of military service characteristics

Characteristic	Definition
Length of service	<p>Length of service of ex-serving ADF members is calculated using the difference between the hire date and separation date from the ADF. It was categorised as:</p> <ul style="list-style-type: none"> • <1 year • 1<5 years • 5<10 years • 10+ years
Rank	<p>Rank of ex-serving ADF members on termination which was derived from their rank equivalency code. Individuals reported as 'Officer' are defined as commissioned officers and those reported as 'Sr Other Ranks' are defined as non-commissioned Sergeant rank (equivalent) and above. All other or undefined ranks are classified as 'Other Ranks.'</p>
Separation Reason	<p>Separation from the ADF is classified into separation reasons for ex-serving ADF members, grouped as:</p> <ul style="list-style-type: none"> • Voluntary • Involuntary – medical • Involuntary – other • Contractual/Admin change
Service	<p>Defined as the ADF service an ex-serving ADF member belonged to on separation:</p> <ul style="list-style-type: none"> • ARMY • NAVY • RAAF
Time since service	<p>Time since service for ex-serving ADF members is calculated from the separation date. It was categorised as:</p> <ul style="list-style-type: none"> • <1 year • 1<5 years • 5<10 years • 10-<20 years • 20+ years.

DVA clients

117. In the general sense, DVA clients include serving, reserve, or ex-serving ADF members, or a partner or their dependants who receive support from DVA. A DVA client can be a DVA card holder, a benefit or income recipient and/or a user of health services or support services funded by DVA. The definition in this report is limited to ex-serving ADF members.

DVA client definition

118. A DVA client under the broad definition used in this report is an ex-serving ADF member who satisfies at least one of the following criteria:

- has been issued a White, Orange or Gold card or
- had at least one accepted claim for a health or disability condition accepted as being related to service or
- has received or is receiving benefits or payment or
- had at least one health service or support service through the DVA National Treatment Account.

119. This definition does not include ex-serving ADF members who had made only rejected DVA claims and were not a card holder or in receipt of any benefits from DVA.

120. For this analysis, additional subgroupings of DVA clients are reported based on the type of card held by the client (if any):

- Gold card holder – has a DVA Gold card (regardless of other concurrent card types)
- White card holder – has a DVA White card but not a Gold card
- Other – has a DVA Orange card (but no Gold or White card) or no DVA card.

Veteran Gold Cards

121. Holders of a Gold Card are entitled to DVA funding for all clinically necessary health services related to all health conditions, regardless of whether they were related to service.

Veteran White Cards

122. White Card holders are entitled to health services related only to conditions accepted as relating to service. However, cases of malignant cancer, pulmonary tuberculosis, and any mental-health condition do not have to be due to service-related causes.

123. From 1 July 2018, eligibility for treatment of any mental health condition expanded to include Reservists who have rendered Reserve Service Days with disaster relief service, border protection service or involvement in a serious service-related training incident. In addition, the White Card on Transition project commenced, with DVA issuing White Cards to transitioning members as they separate from the ADF.

Veteran Orange Cards

124. Orange Card holders are entitled to access prescription medicines, wound care items and nutritional supplements at a concession rate. Orange cards cannot be used for medical or other healthcare treatment. A Veteran Orange Card is issued to Commonwealth and allied veterans and mariners who meet all the following:
- They have qualifying service from the First World War or the Second World War.
 - They are aged 70 or over.
 - They have been resident in Australia for 10 years or more.
125. More information about DVA services and entitlements is available at <https://www.dva.gov.au/about-us/overview/overview-dva-benefits-and-services>.

Methods

Constructing the analysis data set

126. To use the linked data for this analysis, various data processing procedures were undertaken to ensure the accuracy of findings. Apart from general data cleaning e.g., management of missing data and the removal of duplicates, the main procedures are described below.

Concordance with the NDI

127. NDI death information was linked to the patient demographic information and used to identify potential linkage errors. Data for patients was removed where any of the following discrepancies were identified where:
- a patient had linked NDI death information and any separation with date of separation occurring more than seven days after NDI date of death (except where the care type indicated posthumous organ donation)
 - a patient had a hospital separation ending in death that preceded the NDI date by more than 7 days
 - a patient had a hospital separation ending in death and no NDI record of death.

Hospital stay

128. A patient's stay in hospital for admitted patient care may include more than one episode of care. This occurs if the care type changes e.g., from acute to rehabilitation or if the patient is transferred from one hospital to another, including temporarily for a specific procedure. This analysis combined all contiguous episodes into a single stay enabling more accurate counting of hospitalisations.

129. Same day and overnight hospital episodes were processed together to combine all relevant episodes into a hospital stay. Contiguous, overlapping, and nested episodes were combined except when neither the separation mode of the earlier episode nor the admission mode of the later episode indicated a transfer between hospitals or a change in care type. A gap of one day was permitted between separation and admission in a single stay if the separation mode indicated a hospital transfer or care type change, to allow for overnight transfers.
130. Episodes were excluded where:
- the admission or separation date was missing
 - the admission date occurred after the separation date
 - the episode could not be linked to a person.
131. After applying exclusions and sorting by admission and separation dates, episodes were combined when:
- the admission date for the later episode was prior to the separation date of the earlier episode (overlapping or nested episode)
 - the admission date for the later episode was the same day as the separation date of the earlier episode (contiguous episodes) except when the admission mode of the later episode did not indicate a transfer or care type change:
 - (i) Other
 - and the separation mode of the earlier episode indicated the end of the stay:
 - (i) Left against medical advice/discharge at own risk
 - (ii) Statistical discharge from leave
 - (iii) Other – includes discharge to usual residence, own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services)
 - the admission date for the later episode was *one day* after the separation date of the earlier episode, the separation admission mode of the later episode indicated a transfer or care type change:
 - (i) Admitted patient transferred from another hospital
 - (ii) Statistical admission - episode type change
 - and the separation mode of the earlier episode indicated a transfer or care type change:
 - (i) Discharge/transfer to (an)other acute hospital
 - (ii) Discharge/transfer to (an)other psychiatric hospital
 - (iii) Statistical discharge – type change.

132. Resulting stays were excluded where the care type of the initiating episode was unqualified newborn days, posthumous organ donation, or hospital boarder (care type 7.3, 9, 10).

Definitions for multi-episode stays

133. Table 7 clarifies modifications to the definitions of key NHMD data items used for this analysis following the construction of hospital stays from multiple contiguous episodes.

Table 7 Modifications to NHMD data items for ‘stay’ based analysis

Data item	Definition applied to multi-episode stays
Admission date	Admission date of the earliest episode in the stay.
Separation date	Latest separation date among episodes in the stay where no episode ended in death (separation mode=8). Where death was recorded in one or more episodes in the stay, after sorting by admission and separation dates the separation of the first episode ending in death was used, except where a subsequent separation due to death matched the date of death from NDI.
Admission mode	Admission mode of the earliest episode in the stay.
Separation mode	<p>Separation mode from the episode with the latest separation date in the stay where no episode ended in death, or 8 (Died) where any episode ended in death.</p> <p>Where more than one episode shares the latest separation date, if one or more of these were same-day episodes they were treated as contiguous and the separation mode from the latest same-day record occurring on the latest separation date was used. Where neither were same day episodes, the episode with the later admission date was treated as a nested episode, and the separation mode from the earlier admission was used.</p>
Data set year	Reporting year for separation date as derived above.
Principal diagnosis, additional diagnoses, and external causes	Principal diagnosis, additional diagnoses, and external causes from the earliest episode in the stay to allow for identification of reason for hospitalisation.
Urgency of admission	Urgency of admission of the earliest episode in the stay.
Same-day flag	Indicates whether the derived admission and separation dates for the stay are the same day.
Mental health flag	Mental health flag of the earliest episode in the stay.
Any mental health flag	Indicates whether any episode in the stay had a mental health flag regardless of flag value.
Sector	Hospital sector of the first relevant episode in the stay
Mental health, alcohol and other drug, and mechanism of self-harm diagnoses	Aggregated fields capturing whether diagnoses of interest were present in the principal diagnosis of any episode within a stay.
Intentional self-harm related stay	Captures whether any episode within a stay had a principal diagnosis and first external cause identifying an intentional self-harm admission.

Statistics

Proportion and percentage

134. Proportion is the quotient obtained when the number of cases in a group with a characteristic of interest is divided (the numerator) by the total number in the group (the denominator). Its value is between zero and one. A percentage is a proportion multiplied by 100.
135. In this analysis, proportion is presented as a percentage and provides information on the number of persons affected. For example, the proportion of ex-serving ADF members who received admitted patient care in an Australian public hospital who were admitted for an intentional self-harm related stay.

Proportion denominator

136. The admitted patient care data available for this analysis was incomplete. For the Australian comparator analysis, public hospital data was not available for WA and the NT, and complete private hospital data for this analysis was not available for WA, NT, NSW, VIC, TAS, SA, and the ACT. These data were available for eligible ex-serving ADF members receiving DVA-funded care in public or private hospitals in all states and territories.
137. To limit the bias introduced by differences in the availability of data, the analysis was restricted to admitted patient care provided in public hospitals (including DVA-funded care in WA and NT). Proportions were calculated as the proportion of patients for a nominated diagnostic group of all patients in participating public hospitals by reporting period.

Patient years

138. For patient years, patients are counted for each year they were admitted.

Relative difference

139. The 'relative difference' is used to compare proportions between ex-serving ADF and Australian populations. The relative difference expresses the difference between two proportions as a percentage or ratio, accounting for the size of the population. It is important to note that the underlying calculations were not derived from an age standardised population. Therefore, comparisons between the populations may be due to the different underlying age structures and while the relative difference accounts for each population from which the measure is drawn, this should still be interpreted with caution. All proportion differences are subject to volatility when used with small numbers and hence should be used with caution when comparing ex-serving ADF member and Australian population results.

Statistical significance and Confidence Intervals

140. Statistical significance is a measure that indicates how likely it is that an observed difference would occur under the conditions of the null hypothesis i.e., the hypothesis that there is no significant difference between the specified populations, any observed difference being due to error. This report provides 95% confidence intervals (CI) to indicate a range that is likely to contain the true value with a 95% degree of confidence. For smaller populations, changes in the numerator due to random variation have a greater effect. Proportions produced for small populations will therefore have wider CIs. Wide CIs imply less certainty around a calculated value; narrow CIs imply more certainty. The result is interpreted as being a statistically significant difference if the CI does not contain zero.
141. CIs in this report were calculated using the normal approximation method and are not reported for proportions of populations with fewer than 25 persons. It is important to note that there are other sources of uncertainty not captured by CIs, such as linkage error. Additionally, statistically significant differences between ex-serving ADF members and Australians are not necessarily explained by prior ADF service and may be explained by other socio-demographic differences between the cohorts.

Using Confidence Intervals to test for statistical significance

142. Statistical significance is a measure that indicates how likely it is that an observed difference, or a larger one, would occur under the conditions of the null hypothesis. This report provides 95% confidence intervals (Cis) in the calculation of proportions and proportion differences to indicate statistical precision and significance i.e., the level of uncertainty around these estimates due to random fluctuations in the data. The result is interpreted as having a statistically significant association (i.e., not due to chance) if the confidence intervals of the relative difference do not include 1. Proportions produced using small numbers can be more sensitive and will therefore have wide CIs. Wide CIs imply less certainty around a calculated value, and narrow CIs imply more certainty. The relative difference CI was derived by computing the exponential of the $100(1 - \alpha)\%$ Wald confidence interval for log of the relative risk.

Small numbers and suppression of identifiable data

143. Findings based on small numbers of events (e.g., hospitalisations for intentional self-harm) can fluctuate from year to year for reasons other than an actual change increasing risk of the event. Small groups have resulted from disaggregating the ex-serving member population by age, sex, diagnoses, and military characteristics. This has limited analysis e.g., aggregating diagnostic groups or confidentialising small cell counts. For ex-serving members, ex-serving members who died by suicide, and Australians who died by suicide, counts and proportions are not reported for fewer than 5 persons. For the Australian (all) comparator group, counts and proportions are not reported for 10 or fewer persons.

144. Confidentialisation was applied where states or territories were dominant contributors to the number of stay events. Data are not reported for combinations of diagnosis group, cohort, and reporting period where:
- fewer than 3 states or territories contributed 100% of events
 - one state or territory contributed at least 85% of events
 - two states or territories combined contributed at least 90% of events.
145. Where data are not reported due to small numbers or dominance, consequential suppression may be applied to additional data to prevent their calculation. For example, where data for females are not reported, data for total persons may be suppressed to prevent calculation by subtracting males from total persons.

Abbreviations

Acronym	Meaning
ABS	Australian Bureau of Statistics
ADSP	Accredited Data Service Provider
ADF	Australian Defence Force
AIHW	Australian Institute of Health and Welfare
CI	Confidence Interval
Defence	Department of Defence
DVA	Department of Veterans' Affairs
ICD-10-AM	International Classification of Diseases, 10th revision, Australian modification
MADIP	Multi-agency Data Integration Project
MBS	Medical Benefits Schedule
NTA	National Treatment Account (DVA)
NDI	National Death Index
NIHSI	National Integrated Health Services Information Analysis Asset v2
NHMD	National Hospital Morbidity Database
NMD	National Mortality Database
NMDS	National Minimum Data Set for Admitted Patient Care
PBS	Pharmaceutical Benefits Scheme
PMKeyS	Personnel Management Key Solution (Defence)
RPBS	Repatriation Pharmaceutical Benefits Scheme

Symbols

— nil or rounded to zero

. . not applicable

n.a. not available

n.p. not publishable because of small numbers, confidentiality, or other concerns about the quality of the data

References

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Endnotes

- 1 Category also includes unknown/undefined rank.
- 2 <https://www.datacommissioner.gov.au/the-data-scheme>

Appendix K Comparative suicide rates and select causes of death

1 Reader caution

1. **Caution:** some readers may find parts of this content confronting or distressing.
2. Please carefully consider your needs when reading the following information about suicide. This report contains information on numbers of deaths by suicide for ex-serving members of the ADF. This report also contains information on methods used for suicide. This report may be distressing to some readers. Please consider your need to view this information.
3. If this material raises concerns for you, support is available. Please contact Lifeline on [13 11 14](tel:131114), or Defence All-hours Support Line on [1800 628 036](tel:1800628036), or Open Arms - Veterans and Families Counselling on [1800 011 046](tel:1800011046), all of which are available free of charge, 24 hours a day, 7 days a week.
4. The information included here places an emphasis on data, and as such, can appear to depersonalise the pain and loss behind the statistics. The Royal Commission and AIHW acknowledges the individuals, families and communities affected by ADF member and veteran suicide each year in Australia.
5. The DVSRC encourages the adoption of responsible reporting in any publications. The DVSRC supports the use of the [Mindframe guidelines](#) on responsible, accurate and safe suicide and self-harm reporting.

2 Summary

6. This analysis, undertaken as a collaboration between the Royal Commission into Defence and Veteran Suicide and the Australian Institute of Health and Welfare (AIHW), explores rates of suicide and mortality rates of ex-serving members who served in the permanent forces, and ex-serving members who served solely in the reserve forces.
7. Information on the ex-serving population scope and the monitoring period can be found in the technical notes.

2.1 'At-risk' groups

8. In this report, the 'at-risk' ADF groups are those who have a higher rate of suicide compared to the age and sex matched general Australian population. Higher rates of suicide are associated with ex-serving males who served in the permanent forces and separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest', who served for less than one year, and female ex-serving members who served in the permanent forces or who served solely in the reserve forces.

9. The following summary statistics compare suicide rates of ADF groups with the age- and sex-matched Australian general population. The general population includes all Australians, of which a small proportion are ex-serving ADF members. Ex-serving ADF members are those who served at least one day since 1 January 1985; the monitoring period was 1 January 1997 to 31 December 2021.

Table K1 Summary of findings and detailed findings

Summary of findings	Detailed findings
Ex-serving males who served in the permanent forces have an increased risk of suicide compared to Australian males.	<p>Ex-serving males who served in the permanent forces are 42% more likely to die by suicide than Australian males.</p> <p>However, rates vary within the subpopulations of the ex-serving cohort.</p>
Ex-serving males who served solely in the reserve forces have similar rates of suicide compared to Australian males.	<p>Ex-serving males who served solely in the reserve forces are no more or less likely to die by suicide than Australian males.</p> <p>For ex-serving males who have served solely in the reserve forces, rates of suicide disaggregated by the service characteristics age, service, time since separation, rank and separation reason, were not statistically higher than those of Australian males. This includes those who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest'.</p>
Ex-serving males who served less than one year have an increased risk of suicide compared to Australian males.	<p>Ex-serving males who served solely in the reserve forces for less than one year are 56% more likely to die by suicide than Australian males.</p> <p>Ex-serving males who served in the permanent forces for less than one year are 109% (or 2.09 times) more likely to die by suicide than Australian males.</p>
<p>Ex-serving males who served in the permanent forces and who separated involuntarily for medical reasons have an increased risk of suicide within 1 to 9 years of separation compared to Australian males.</p> <p>Ex-serving males who served in the permanent forces and who separated involuntarily for the reason 'retention-not-in-service-interest' have an increased risk of suicide within 1 year of separation compared to Australian males.</p>	<p>The suicide rate for ex-serving males who served in the permanent forces and who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest' is around 3 times the rate of Australian males (184% and 197% higher, respectively).</p> <p>Suicide rates for males who served in the permanent forces and who separated involuntarily for the reason 'retention-not-in-service-interest' are higher compared to Australian males within 5 years after separation (<1 year: 6 times higher, 1 to 4 years: 3.71 times higher), whereas suicide rates for those who separated involuntarily for medical reasons are higher compared to Australian males within 1 to 9 years of separation (1 to 4 years: 3.3 times higher, 5 to 9 years: 3.51 times higher).</p>

Summary of findings	Detailed findings
Ex-serving males who served in the permanent forces and separate voluntarily have similar rates of suicide compared to Australian males.	Ex-serving males who served in the permanent forces and separate voluntarily are no more or less likely to die by suicide than Australian males.
Ex-serving females who served in the permanent forces or served solely in the reserve forces have an increased risk of suicide compared to Australian females.	<p>Ex-serving females who served in the permanent forces or solely in the reserve forces are over twice as likely to die by suicide than Australian females (110% and 104% higher respectively).</p> <p>However, rates vary within the subpopulations of the ex-serving cohort.</p> <p>The suicide rate for ex-serving females who served in the permanent forces and separated involuntarily for medical reasons or for reasons other than medical is around 5 times and 3.5 times the rate of Australian females (398% and 242% higher respectively).</p> <p>When broken down by age, higher rates of suicide are observed in females who served in the permanent forces and were under 30 (3.4 times higher) compared to age-matched Australian females, whereas for females who served solely in the reserve forces the higher rates of suicide when compared to age matched Australian females are observed for individuals between 40 to 49 years old (3 times higher).</p> <p>When disaggregated by service, compared to respective age-matched Australian female populations, there is a higher difference in the rates of suicide in females in the permanent forces who served in the Navy (2.29 times higher) and Army (2.66 times higher). For females who served solely in the reserve forces there is a higher difference in the rates of suicide in the Army (2.12 times higher). No suicides are recorded for females who served solely in the reserve Navy forces.</p>
The rate of deaths classified as deaths of despair are higher for ex-serving members compared to the Australian population.	<p>The term 'deaths of despair' refers to deaths caused by suicide, drug and alcohol poisonings, and chronic liver disease and cirrhosis. Males who served in the permanent forces are 21% more likely to die by deaths of despair than Australian males.</p> <p>Females who served in the permanent forces are 81% more likely to die by deaths of despair and females who served solely in the reserve forces are 49% more likely to die by deaths of despair than Australian females.</p>

Summary of findings	Detailed findings
Ex-serving females who served in the permanent forces are more likely to die of drug-induced deaths compared to Australian females.	Ex-serving females who served in the permanent forces are 89% more likely to die a drug-induced death, compared to Australian females. For accidental drug-induced deaths, a sub-category of drug-induced deaths, ex-serving females who served in the permanent forces are 68% more likely to die than Australian females.
Ex-serving males and females who served in the permanent forces are more likely to die in road crashes whereby the deceased was not a passenger (includes accidental, intentional, or undetermined intent) compared to the Australian population.	Ex-serving males who served in the permanent forces are 18% more likely to die in road crashes whereby the deceased was not a passenger than Australian males. The mortality rate for ex-serving males in road crashes whereby the deceased was not a passenger and who served in the permanent forces and separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest' are 71% and 80% higher, respectively, than Australian males.
The rate of suicide by firearms is similar to that of the Australian population for males and females who served in the permanent forces.	Ex-serving males and females who served in the permanent forces are no more or less likely to die by suicide by firearms compared to the Australian population.

3 Introduction

10. Data tables were prepared for the Royal Commission into Defence and Veteran Suicide (the Royal Commission) by the Australian Institute of Health and Welfare (AIHW). While the data was prepared by AIHW, the interpretation of the data is the work of the Royal Commission. This appendix is the culmination of an ongoing collaboration between our two organisations. For more information and statistics about the veteran population published by AIHW, please see the [AIHW Veterans home page](#).
11. Ex-serving ADF members can have either served in the permanent or reserve forces, or a combination of both, over their ADF service career. This is a very important distinction and one that had not been explored in analysis prior to the establishment of the Royal Commission.
12. The level of service, duties and obligations, career paths, exposure to ADF culture, and time absent from family, friends and support networks, vary between services in the permanent and reserve forces. Therefore, the Royal Commission has elected to report on ex-serving members who served in the permanent forces separately from those who served only in the reserve forces.
13. Throughout this appendix, ex-serving members who were at any time engaged in permanent service will be considered 'permanent ex-serving', even if they were engaged in the reserve service before fully separating. By contrast, those who joined and served solely in a reserve capacity will be considered 'reserve ex-serving'.

14. In addition to categorising ex-serving members by their prior service status group (permanent ex-serving or reserve ex-serving), the Royal Commission sought analysis in four specific areas which, at the time of our inquiry, were considered evidence gaps. They are:
 - rates of suicide, including detailed separation reasons (Tables 1 to 17)
 - mortality rates for road crashes, deaths of despair and other preventable deaths (Tables 18 to 26)
 - mechanisms of death (section 4.3)
 - hospital admissions for self-harm and mental health-related conditions (see Appendix J).
15. All results have been presented as comparisons with an age- and sex-matched Australian population, which we believe gives a better understanding of at-risk groups, and is easier for policymakers to interpret. Note that comparative rates reported in the form of standardised mortality ratios (SMR) compares the rate of suicide in the given sex and ADF group with the age- and sex-matched Australian population. While SMRs can be used to compare ADF groups with the Australian population, due to the differences between the age structure of the different ADF groups, SMR values between different ADF groups cannot be validly compared.
16. Unless otherwise noted, this appendix includes information on ADF members who have served at least one day since 1 January 1985. Tables 1 to 26 reflect deaths reported between 1 January 1997.

4 Data analysis

4.1 Comparative suicide rates

17. At the establishment of our inquiry, suicide rates for permanent ex-serving and reserve ex-serving members were not available. The Royal Commission sought to explore how suicide rates varied for these two populations across different service characteristics, particularly separation reason, when broken down into their underlying categories.
18. This section presents age-adjusted comparative suicide rates with the Australian population and numbers of deaths by suicide between 1997 and 2021 broken down by the service status group (permanent ex-serving and reserve ex-serving).
19. The full analysis can be found in the tables to follow.

20. Between 1997 and 2021 the suicide rates and numbers for the ex-serving cohort were:
- 854 deaths by suicide (34.9 per 100,000 population per year) for permanent ex-serving males
 - 412 deaths by suicide (25.3 per 100,000 population per year) for reserve ex-serving males
 - 62 deaths by suicide (15.6 per 100,000 population per year) for permanent ex-serving females
 - 55 deaths by suicide (15.2 per 100,000 population per year) for reserve ex-serving females.

Male ex-serving suicide rates by service status

In brief:

Ex-serving males who served in the permanent forces are 42% more likely to die by suicide than Australian males. In contrast, ex-serving males who served solely in the reserve forces are no more or less likely to die by suicide than Australian males.

However, rates vary within subpopulations, with some cohorts who served in the permanent forces no more or less likely to die by suicide than Australian males and some cohorts who served solely in the reserve force more likely to die by suicide than Australian males. The subpopulations are explored in tables 1 to 9 and give a better indication of the risk of suicide to different groups within the ex-serving male population.

21. Compared with the Australian male population (using standardised mortality ratios [SMRs] to control for differences in age distributions), the suicide rate for ex-serving males who served in the permanent forces is 42% higher than that of Australian males.
22. The rate of suicide for ex-serving males who served solely in the reserve forces is similar to that of Australian males.

Table 1 Comparative rates of suicide^(a), ex-serving males, by prior service status, 1997–2021^{(b)(c)}

	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
Male ex-serving	854	42%↑	Yes (1.33, 1.52)	412	1%↑	No (0.92, 1.12)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

. . Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Male ex-serving suicide rates by age at death

In brief:

Ex-serving males who served in the permanent forces and aged under 30 are 2.11 times more likely to die by suicide than Australian males. In contrast, for all age groups, ex-serving males who served solely in the reserve forces are no more or less likely to die by suicide than Australian males.

23. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rates for ex-serving males who served in the permanent forces are higher than Australian males for all age groups except males aged 50 years and over. For those under 30, the suicide rate for ex-serving males who served in the permanent forces is 2.11 times that of Australian males.
24. The rates of suicide for ex-serving males who served solely in the reserve forces are similar to those of Australian males and/or there is no statistical difference as measured by the age-adjusted suicide rate.

Table 2 Comparative rates of suicide^(a), ex-serving males, by prior service status and age at death, 1997–2021^{(b)(c)}

Male ex-serving Age group (years)	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
Under 50	671	64%↑	Yes (1.52, 1.77)	330	6%↑	No (0.95, 1.18)
Under 30	129	111%↑	Yes (1.76, 2.51)	47	8%↓	No (0.67, 1.22)
30–39	291	80%↑	Yes (1.6, 2.02)	142	8%↑	No (0.91, 1.28)
40–49	251	34%↑	Yes (1.18, 1.52)	141	9%↑	No (0.92, 1.28)
50 years and over	183	4%↓	No (0.83, 1.11)	82	13%↓	No (0.69, 1.07)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

. . Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Male ex-serving suicide rates by service

In brief:

Ex-serving males who served in the permanent forces in the Navy or Army are 44% and 61% more likely, respectively, to die by suicide than Australian males. In contrast, for the Navy, Army and Air Force, ex-serving males who served solely in the reserve forces, and ex-serving males who served in the permanent forces in the Air Force, are no more or less likely to die by suicide than Australian males.

25. The ADF comprises three services: The Royal Australian Navy (Navy), the Australian Army (Army) and the Royal Australian Air Force (Air Force). An individual may move between services over their career, although this is not common. Unless stated otherwise, the service recorded for an ex-serving member is their service at their time of separation.
26. Compared with the Australian male population (using SMRs to control for differences in age distributions), suicide rates for ex-serving males who served in the permanent forces are 44% higher for those who served in the Navy and 61% higher for those who served in the Army. The rate of suicide for ex-serving males who served in the permanent forces in the Air Force is similar to that of Australian males.
27. The rate of suicide for ex-serving males who served solely in the reserve forces is similar to that of Australian males and/or there is no statistical difference across the Navy, Army and Air Force.

Table 3 Comparative rates of suicide^(a), ex-serving males, by prior service status and service, 1997–2021^{(b)(c)}

Male ex-serving Service	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
Navy	206	44%↑	Yes (1.25, 1.65)	5	40%↓*	No (0.2, 1.41)
Army	505	61%↑	Yes (1.48, 1.76)	401	3%↑	No (0.93, 1.14)
Air Force	143	0%	No (0.84, 1.17)	6	33%↓*	No (0.25, 1.47)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

.. Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Male ex-serving suicide rates by length of service

In brief:

Ex-serving males who served solely in the reserve forces and who served less than one year are 56% more likely to die by suicide than Australian males. This is the only sub-population among ex-serving males who served solely in the reserve forces that has been identified in this analysis as an at-risk group for death by suicide. Suicide rates among this sub-population by other service-related factors including age, service, time since separation, rank, separation reason and all other length-of-service groupings, are statistically similar or lower than those of Australian males. This includes those who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest', which are at-risk populations in ex-serving males who served in the permanent forces. This cohort is therefore of concern, with separating within the first year of service resulting in higher rates of suicide in a cohort otherwise not at higher risk of suicide.

Ex-serving males who served in the permanent forces for less than one year are 2.09 times (109%) more likely to die by suicide than Australian males.

28. Length of service describes the time between joining the ADF and separation.¹ For suicide rates analysis in this report, length of service is presented in seven groups (ranging from 'less than one year' to 'more than 20 years').
29. Compared with the Australian male population (using SMRs to control for differences in age distributions), suicide rates for ex-serving males who served in the permanent forces are higher than those of Australian males for all length of service groupings except members who served more than 10 and more than 20 years. For those who served less than one year, the suicide rate for ex-serving males who served in the permanent forces is 2.09 times (109%) than that of Australian males.
30. The rate of suicide for ex-serving males who served solely in the reserve forces and who served less than one year is 56% higher than that of Australian males. This finding is of particular note as across all other service characteristics studied for ex-serving males who served solely in the reserve forces, including age, service, time since separation, rank, separation reason and all other length-of-service groupings, this is the only category associated with a rate of suicide that is statistically higher than Australian males.

Table 4 Comparative rates of suicide^(a), ex-serving males, by prior service status and length of service, 1997–2021^{(b)(c)}

Male ex-serving Length of service (years) ^(e)	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
< 1	173	109%↑	Yes (1.79, 2.42)	105	56%↑	Yes (1.28, 1.89)
1 – < 5	221	82%↑	Yes (1.59, 2.08)	180	4%↓	No (0.82, 1.11)
5 – < 10	197	47%↑	Yes (1.27, 1.69)	64	4%↓	No (0.74, 1.22)
10 – < 20	152	26%↑	Yes (1.07, 1.48)	38	18%↓	No (0.58, 1.13)
20 or more	109	22%↓	Yes (0.64, 0.95)	24	37%↓	Yes (0.4, 0.94)
< 10	591	75%↑	Yes (1.61, 1.89)	349	8%↑	No (0.97, 1.2)
10 or more	261	1%↑	No (0.89, 1.14)	62	26%↓	Yes (0.56, 0.94)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

. . Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(e) The time between the date of hire and date of separation from the ADF. Sum of component items do not equal totals, as there were a total of 2 permanent ex-serving male members who had died by suicide who did not have a hire date.

Male ex-serving suicide rates by time since separation

In brief:

The rates of suicide for ex-serving males who served in the permanent forces are higher than those of Australian males for all time since separation groupings. Ex-serving males who served solely in the reserve forces are no more or less likely to die by suicide than Australian males, regardless of time since separation.

31. For ex-serving members who died during the monitoring period, time since separation is the time between full separation from the ADF and date of death. For members who were alive at the end of the monitoring period, the time since separation is the time between their separation from the ADF and 31 December 2021. In this report, time since separation is presented in seven groups (ranging from 'less than one year' to 'more than 20 years').
32. Compared with the Australian male population (using SMRs to control for differences in age distributions), suicide rates for ex-serving males who served in the permanent forces are higher for each time since separation grouping compared to their respective age-matched Australian population. For those who separated between one and five years ago, or between one and five years ago before their death, the suicide rate for ex-serving males who served in the permanent forces is 61% higher than that of Australian males.
33. The rate of suicide for ex-serving males who served solely in the reserve forces is similar to that of Australian males and/or there are no statistically significant differences across all time-since-separation groupings.

Table 5 Comparative rates of suicide^(a), ex-serving males, by prior service status and time since separation, 1997–2021^{(b)(c)}

Male ex-serving Time since separation (years) ^(e)	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
< 1	33	50%↑	Yes (1.03,2.11)	10	23%↓*	No (0.37, 1.42)
1 – < 5	145	61%↑	Yes (1.36,1.89)	47	17%↓	No (0.61,1.1)
5 – < 10	168	49%↑	Yes (1.27,1.73)	73	11%↓	No (0.7,1.12)
10 – < 20	308	40%↑	Yes (1.25,1.56)	169	7%↑	No (0.92,1.24)
20 or more	200	28%↑	Yes (1.11,1.47)	113	15%↑	No (0.95,1.38)
< 10	346	54%↑	Yes (1.38,1.71)	130	14%↓	No (0.72,1.02)
10 or more	508	36%↑	Yes (1.24,1.48)	282	11%↑	No (0.98,1.24)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

. . Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(e) The period between separation date and extract date (31 December 2021) for those alive at the extract date. The period between separation date and death for ex-serving members who have died.

Male ex-serving suicide rates by rank

In brief:

Ex-serving males who served in the permanent forces and were not commissioned officers at separation are 50% more likely to die by suicide than Australian males.

In contrast, ex-serving males who served solely in the reserve forces and were not commissioned officers at separation are no more or less likely to die by suicide than Australian males.

Ex-serving males who served in the permanent forces or served solely in the reserve forces and were commissioned officers at separation are no more or less likely, and 40% less likely, respectively, to die by suicide than Australian males.

34. A member's rank determines their position, conditions, opportunities and entitlements within the organisation. This analysis is based on rank at time of separation. Rank is presented in two broad groups: commissioned officers and non-commissioned officers. For the purposes of this analysis, a Defence member who holds a rank of Midshipman or Officer Cadet, or higher, is a commissioned officer, and a Defence member who holds an equivalent rank to E00 (Recruit Seaman, Private, or Aircraftman) to E10 (Warrant Officer of the Navy, Regimental Sergeant Major of the Army, or Warrant Officer of the Air Force) is not a commissioned officer.
35. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rates for ex-serving males who served in the permanent forces and were not a commissioned officer at separation are 50% higher than those of Australian males.
36. The rate of suicide for ex-serving males who served solely in the reserve forces and were a commissioned officer at separation is 40% lower (protective factor) than those of Australian males.
37. The rate of suicide for ex-serving males who served solely in the reserve forces and were not a commissioned officer at separation is no different than those of Australian males.

Table 6 Comparative rates of suicide^(a), ex-serving males, by prior service status and rank, 1997–2021^{(b)(c)}

Male ex-serving Rank group	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
Commissioned officer	51	21%↓	No (0.59, 1.04)	26	40%↓	Yes (0.39, 0.88)
Other ranks	803	50%↑	Yes (1.4, 1.61)	386	6%↑	No (0.96, 1.18)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

. . Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Male ex-serving suicide rates by detailed length of service

In brief:

Ex-serving males who were not commissioned officers and served in the permanent forces for less than 90 days, which is roughly the period for recruit training, are 88% more likely to die by suicide than Australian males.

Ex-serving males who were not commissioned officers and served in the permanent forces for between 90 days and 1 year, which is roughly the period of Initial Employment Training (which follows recruit training), are 2.76 times (176%) more likely to die by suicide than Australian males.

Proportionally, 10.7% of all suicide deaths of ex-serving males who were not commissioned officers and served in the permanent forces was for service of less than 90 days, and 10.2% served between 90 days and 1 year (275 days).

Ex-serving males who were not commissioned officers and served in the permanent forces for less than 30 days are 2.95 times (195%) more likely to die by suicide than Australian males.

Proportionally, 4.9% of all suicide deaths of ex-serving males who were not commissioned officers and served solely in the reserve forces was for service of less than 90 days, and 22% served between 90 days and 1 year (275 days).

On joining the ADF as a general entry sailor, soldier or aviator, all recruits complete an approximately 11-week training course at the recruit school for their respective service. The purpose of recruit training is to induct recruits into the ADF through intensive training in basic military skills, knowledge and required behaviour.

38. On joining the ADF as an Australian Navy officer, Australian Army officer or Royal Australian Air Force officer, recruits undertake approximately 12 to 18 months of expert leadership training.
39. Following on from their respective recruit or commissioning course, ADF personnel commence their Initial Employment Training. This period can include workplace experience and periods of on-the-job training and is approximately 9 months in duration for permanent forces. Training periods for reserve forces vary considerably and depended on an individual's availability.
40. Compared with the Australian male population (using SMRs to control for differences in age distributions), suicide rates for ex-serving males who were not commissioned officers and served in the permanent forces are higher than those of Australian males for all detailed length of service groupings.

41. The suicide rates for ex-serving males who were not commissioned officers and served in the permanent forces for less than 30 days are 2.95 times (195%) higher than those of Australian males.
42. The suicide rates for ex-serving males who were not commissioned officers and served in the permanent forces for less than 90 days are 88% higher than those of Australian males.
43. The suicide rates for ex-serving males who were not commissioned officers and served in the permanent forces for between 90 days and 1 year are 2.76 times (176%) higher than those of Australian males.

Table 7 Comparative rates of suicide^(a), ex-serving males, by detailed length of service group, rank group, and prior service status, compared with age- and sex-matched Australian population, 1997–2021^{(b)(c)}

	Permanent ex-serving				Reserve ex-serving		
Male ex-serving Detailed length of service ^(e)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	
Commissioned officer	51	21%↓	No (0.59, 1.04)	26	40%↓	Yes (0.39,0.88)	
<30 days	0	..		0	..		
<60 days	<5	n.p.**	n.p.	<5	n.p.**	n.p.	
<90 days	<5	n.p.**	n.p.	<5	n.p.**	n.p.	
<180 days	<5	n.p.**	n.p.	<5	n.p.**	n.p.	
< 1 year	5	37%↓*	No (0.2, 1.47)	<5	n.p.**	n.p.	
<1.5 years	8	26%↓*	No (0.32, 1.47)	<5	n.p.**	n.p.	
< 2 years	10	25%↓*	No (0.36, 1.37)	<5	n.p.**	n.p.	
90 days to 1.5 years	n.p.	29%↓*	No (0.26, 1.55)	0	..		
1.5 years to 2 years	<5	n.p.**	n.p.	0	..		
Other ranks	803	50%↑	Yes (1.4, 1.61)	386	6%↑	No (0.96, 1.18)	
<30 days	43	195%↑	Yes (2.13, 3.97)	6	87%↑*	No (0.69, 4.07)	
<60 days	67	98%↑	Yes (1.53, 2.51)	12	55%↑*	No (0.8, 2.71)	
<90 days	86	88%↑	Yes (1.51, 2.33)	19	65%↑*	No (0.99, 2.58)	
<180 days	120	105%↑	Yes (1.7, 2.45)	37	38%↑	No (0.97, 1.9)	
< 1 year	168	124%↑	Yes (1.91, 2.6)	104	59%↑	Yes (1.3, 1.92)	
90 days to 1 year	82	176%↑	Yes (2.19, 3.42)	85	57%↑	Yes (1.25, 1.94)	

	Permanent ex-serving			Reserve ex-serving		
Male ex-serving Detailed length of service ^(e)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
1 – < 2 years	44	94%↑	Yes (1.41,2.61)	74	5%↑	No (0.83,1.32)
2 – < 3 years	65	115%↑	Yes (1.66,2.75)	53	10%↑	No (0.82,1.44)
3 – < 4 years	46	99%↑	Yes (1.45,2.65)	32	9↓*	No (0.62,1.29)
4 – < 5 years	54	64%↑	Yes (1.23,2.13)	17	32↓**	No (0.4,1.1)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

. . Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(e) The time between the date of hire and date of separation from the ADF.

Male ex-serving suicide rates by separation reason

In brief:

Ex-serving males who served in the permanent forces and who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest' are 2.84 times (184%) and 2.97 times (197%) more likely, respectively, to die by suicide than Australian males. The suicide rate for ex-serving males who served in the permanent forces and separate voluntarily is similar to that of Australian males.

44. In this report, 'reason for separation' describes the main reason recorded for a person's separating (discharging) from the ADF. Analysis by reason for separation is presented for the following groups:
- voluntary separation: including categories for resignations and voluntary separation within 90 days of enlistment
 - involuntary separation (personnel deemed unsuitable for further duty): including categories for medical separation, 'retention-not-in-service-interest', being physically unfit for service, training failure and disciplinary reasons
 - contractual/administration: including contractual change and/or changes in the Defence personnel system (for example, transitioning of payroll system to PMKeyS introduced from 2001).
45. A detailed breakdown of separation reasons has not previously been explored in analysis prior to the establishment of this royal commission.
46. In particular, retention not-in-service interest refers to an involuntary separation due to the retention of the member's service being not in the interests of the Defence Force. This can include reasons relating to one or more of the following:
- a member's performance
 - a member's behaviour (including any convictions for criminal or service offences)
 - a member's suitability to serve in the Defence Force, or in a particular role or rank
 - a member's failure to meet one or more conditions of the member's appointment, enlistment or promotion
 - workforce planning in the Defence Force
 - the effectiveness and efficiency of the Defence Force
 - the morale, welfare and discipline of the Defence Force
 - the reputation and community standing of the Defence Force.
47. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for ex-serving males who served in the permanent forces and separated involuntarily for medical reasons is 2.84 times (184%) higher than that of Australian males.

48. In addition, the rate of suicide for ex-serving males who served in the permanent forces and who separated involuntarily for the reason 'retention-not-in-service-interest' is almost 3 times (197%) higher than Australian males.
49. This is a newly identified at-risk group and, of the sub-populations studied in this analysis for ex-serving males who served in the permanent forces, the 'retention-not-in-service-interest' separation cohort has the highest difference in the rate of suicide compared to the respective age-matched Australian males. This suggests that the higher risk of suicide among the involuntary medical separation cohort is not solely due to the medical condition that was associated with separation.
50. The age-adjusted analysis for the male voluntary and contractual/administrative separation cohorts of ex-serving males who served in the permanent forces indicates that there is no statistical difference in suicide rate between these cohorts and the Australian male population.
51. The rates of suicide for ex-serving males who served solely in the reserve forces are similar to those of Australian males and/or there is no statistical difference as measured by the age-adjusted suicide rate. This includes those who separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest'.

Table 8 Comparative rates of suicide^(a), ex-serving males, by prior service status and separation reason, 2003–2021^{(b)(c)}

Male ex-serving	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
Voluntary						
Within 90 days of enlistment	50	3%↑	No (0.76, 1.35)	33	23%↓	No (0.53, 1.08)
Resignation	10	52%↑*	No (0.73, 2.79)	0	..	..
Separated Non Attendance	31	3%↓	No (0.66, 1.38)	n.p.	32%↓	No (0.44, 1)
Separated Non Contactable	<5	n.p.**	n.p.	0	..	..
All other voluntary separation reasons ^(e)	n.p.	16%↓*	No (0.36, 1.65)	n.p.	44%↑*	No (0.62, 2.85)
	0	..	..	0	..	..
Involuntary	159	138%↑	Yes (2.02, 2.78)	32	6%↓	No (0.65, 1.33)
Other Involuntary	n.p.	105%↑	Yes (1.63, 2.55)	n.p.	8%↓	No (0.62, 1.32)
Management initiated retirement ^(f)	..	..	..	..	..	..
Retention not in service interest ^(g)	60	197%↑	Yes (2.27, 3.82)	n.p.	11%↓*	No (0.41, 1.69)
Unsuitable for service	<5	n.p.**	n.p.	0	..	..
Disciplinary	<5	n.p.**	n.p.	0	..	..
In absence	9	49%↑*	No (0.68, 2.84)	17	4%↑*	No (0.6, 1.66)
Training failure	<5	n.p.**	n.p.	<5	n.p.**	n.p.
Below fitness standard	0	..	..	0	..	..
Compulsory retirement age	<5	n.p.**	n.p.	<5	n.p.**	n.p.

Male ex-serving	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
All other involuntary separation reasons ^(h)	6	10% ^{†*}	No (0.4, 2.39)	0	..	..
Involuntary Medical	n.p.	184% [†]	Yes (2.25, 3.55)	<5	n.p. ^{**}	n.p.
Contractual/Administrative change ⁽ⁱ⁾	n.p.	30% ^{↓*}	No (0.37, 1.19)	<5	n.p. ^{**}	n.p.
Total ex-serving with a separation reason	222	65% [†]	Yes (1.44, 1.89)	67	15% [↓]	No (0.66, 1.08)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

.. Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes permanent ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) Due to a change in the way the reasons for separating the ADF was recorded during 2002, analysis is presently only for ADF members who left from 1 January 2003 onwards. These members comprise 43% of the total alive and died ex-serving members with at least 1 day of service since 1 January 1985.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(e) Includes completed continued full-time service, failed to enlist, voluntary redundancy and retired after compulsory retirement age date.

(f) Note that no ADF members were observed to have separated for the reason of management-initiated retirement.

- (g) Refers to an involuntary separation due to the retention of the member's service being not in the interests of the Defence Force. This can include reasons relating to one or more of the following: 1. a member's performance; 2. a member's behaviour (including any convictions for criminal or service offences); 3. a member's suitability to serve in the Defence Force, or in a particular role or rank; 4. a member's failure to meet one or more conditions of the member's appointment, enlistment or promotion; 5. workforce planning in the Defence Force; 6. the effectiveness and efficiency of the Defence Force; 7. the morale, welfare and discipline of the Defence Force; 8. the reputation and community standing of the Defence Force.
- (h) Includes false statement on enlistment, irregular enlistment and civil offence.
- (i) Contractual/Administrative change includes contract completed, data migration requirement and separation reasons that include contractual change and/or changes in Defence personnel system (e.g. transitioning of payroll system to PMKeyS introduced from 2001).

Male ex-serving suicide rates by service-related characteristics: voluntary separation

In brief:

The suicide rates for ex-serving males who served in the permanent forces or solely in the reserve forces and voluntarily separated remain similar to those of Australian males when broken down by age, service status, and other service-related characteristics.

52. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rates for ex-serving males who served in the permanent forces or solely in the reserve forces and voluntarily separated between 2003 and 2021 are not statistically different.
53. Further, there is no statistical difference in the suicide rates for ex-serving males who served in the permanent forces or solely in the reserve forces who voluntarily separated between 2003 and 2021 from any service (Air Force, Army or Navy), across all age groups, with any length of service, time since separation, or rank group, compared with the Australian male population (using SMRs to control for differences in age distributions).

Table 9 Comparative rates of suicide^(a), ex-serving males, by prior service status, voluntary separation, and service-related characteristics, 2003–2021^{(b)(c)}

Male ex-serving	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
Voluntary Separation	50	3%↑	No (0.76, 1.35)	33	23%↓	No (0.53, 1.08)
Age group (years)						
Under 50	42	8%↑	No (0.78, 1.46)	27	19%↓	No (0.53, 1.17)
Under 30	14	34%↑*	No (0.73, 2.25)	5	41%↓*	No (0.19, 1.37)
30–39	16	2%↓*	No (0.56, 1.59)	10	33%↓*	No (0.32, 1.23)
40–49	12	2%↓*	No (0.51, 1.72)	12	19%↑*	No (0.61, 2.08)
50 years and over	8	18%↓*	No (0.36, 1.62)	6	35%↓*	No (0.24, 1.42)
Service						
Navy	14	47%↑*	No (0.8, 2.46)	0	..	..
Army	23	20%↓	No (0.51, 1.2)	33	19%↓	No (0.56, 1.14)
Air Force	13	24%↑*	No (0.66, 2.11)	0	..	..
Length of service (years)^(e)						
< 1	14	34%↑*	No (0.73, 2.25)	<5	n.p.**	n.p.
1 – < 5	7	34%↑*	No (0.54, 2.77)	8	45%↓*	No (0.24, 1.08)
5 – < 10	8	5%↑*	No (0.45, 2.06)	<5	n.p.**	n.p.
10 – < 20	8	33%↓*	No (0.29, 1.32)	9	0%*	No (0.46, 1.89)
20 or more	13	4%↓*	No (0.51, 1.64)	9	6%↑*	No (0.49, 2.02)
< 10	29	25%↑	No (0.83, 1.79)	15	41%↓*	Yes (0.33, 0.98)
10 or more	21	17%↓	No (0.51, 1.26)	18	3%↑*	No (0.61, 1.63)

Male ex-serving	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(c) (CI)
Time since separation (years)^(b)						
< 1	7	21% ^{†*}	No (0.49, 2.49)	<5	n.p. ^{**}	n.p.
1 – < 5	23	14% [†]	No (0.72, 1.71)	n.p.	24% ^{↓*}	No (0.39, 1.33)
5 – < 10	13	2% ^{↓*}	No (0.52, 1.68)	10	21% ^{↓*}	No (0.38, 1.45)
10 – < 20	7	31% ^{↓*}	No (0.28, 1.43)	10	3% ^{↓*}	No (0.46, 1.78)
20 or more	..			..
< 10	43	10% [†]	No (0.8, 1.49)	23	30% [↓]	No (0.44, 1.05)
10 or more	7	31% ^{↓*}	No (0.28, 1.43)	10	3% ^{↓*}	No (0.46, 1.78)
Rank group						
Commissioned officer	8	14% ^{↓*}	No (0.37, 1.7)	9	17% ^{↓*}	No (0.38, 1.57)
Other ranks	42	6% [†]	No (0.77, 1.44)	24	25% [↓]	No (0.48, 1.12)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

.. Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

- (b) Analysis includes permanent ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.
- (c) Due to a change in the way the reasons for separating the ADF was recorded during 2002, analysis is presently only for ADF members who left from 1 January 2003 onwards. These members comprise 43% of the total alive and died ex-serving members with at least 1 day of service since 1 January 1985.
- (d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.
- (e) The time between the date of hire and date of separation from the ADF. Sum of component items do not equal totals, as there were a total of 2 permanent ex-serving male members who had died by suicide who did not have a hire date.
- (f) The period between separation date and extract date (31 December 2021) for those alive at the extract date. The period between separation date and death for ex-serving members who have died.

Male ex-serving suicide rates by service-related characteristics: 'retention-not-in-service-interest'

In brief:

Ex-serving males who served in the permanent forces and who separated involuntarily for the reason 'retention-not-in-service-interest' are 2.97 times (197%) more likely to die by suicide compared to Australian males.

The groups particularly at risk among ex-serving males who served in the permanent forces and who separated involuntarily for the reason 'retention-not-in-service-interest' are aged under 40 years, served for less than ten years and separated within five years. In particular, ex-serving males who served in the permanent forces and who separated involuntarily for the reason 'retention-not-in-service-interest' are almost 6 times (499%) more likely to die by suicide within one year of separating and 3.71 times (271%) more likely to die by suicide within one to five years of separating compared to Australian males.

54. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rates for ex-serving males who served in the permanent forces and who separated involuntarily for the reason 'retention-not-in-service-interest' between 2003 and 2021 are 2.97 times (197%) higher than Australian males.
55. For those under 30, the rate of suicide is 3.65 times (265%) higher than that of Australian males and for those who served in the Army, the rate of suicide is over 3 times (208%) higher. For those who served less than 10 years, the suicide rate is 3.13 times (213%) higher, and suicide rates are 5.99 times (499%) higher within one year of separating and 3.71 times (271%) higher within one and five years of separating, compared to those of Australian males.

Table 10 Comparative rates of suicide^(a), ex-serving males, by prior service status, involuntary administrative discharge, and service-related characteristics, 2003–2021^{(b)(c)}

Male ex-serving	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Retention not in service interest^(d)	60	197% [†]	Yes (2.27, 3.82)	n.p.	11% [↓] *	No (0.41, 1.69)
Age group (years)						
Under 50	n.p.	203% [†]	Yes (2.3, 3.91)	n.p.	2% [↓] *	No (0.43, 1.94)
Under 30	31	265% [†]	Yes (2.48, 5.19)	0	..	..
30–39	24	203% [†]	Yes (1.94, 4.51)	<5	n.p.**	n.p.
40–49	<5	n.p.**	n.p.	<5	n.p.**	n.p.
50 years and over	<5	n.p.**	n.p.	<5	n.p.**	n.p.
Service						
Navy	n.p.	141% [†] *	Yes (1.2, 4.3)	0	..	..
Army	n.p.	208% [†]	Yes (2.25, 4.1)	n.p.	11% [↓] *	No (0.41, 1.7)
Air Force	<5	n.p.**	n.p.	0	..	..
Length of service (years)^(f)						
< 1	20	209% [†]	Yes (1.88, 4.77)	<5	n.p.**	n.p.
1 – < 5	24	217% [†]	Yes (2.03, 4.71)	<5	n.p.**	n.p.
5 – < 10	8	216% [†] *	Yes (1.37, 6.23)	<5	n.p.**	n.p.
10 – < 20	n.p.	121% [†] *	No (0.72, 5.15)	<5	n.p.**	n.p.
20 or more	<5	n.p.**	n.p.	<5	n.p.**	n.p.
< 10	52	213% [†]	Yes (2.34, 4.11)	n.p.	25% [†] *	No (0.5, 2.58)
10 or more	n.p.	122% [†] *	No (0.96, 4.37)	<5	n.p.**	n.p.

Male ex-serving	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Time since separation (years)^(g)						
< 1	11	499% ^{†*}	Yes (2.99,10.71)	<5	n.p. ^{**}	n.p.
1 – < 5	25	271% [†]	Yes (2.4,5.48)	0	..	..
5 – < 10	11	63% ^{†*}	No (0.82,2.93)	n.p.	36% ^{†*}	No (0.44,3.17)
10 – < 20	13	163% ^{†*}	Yes (1.4,4.51)	<5	n.p. ^{**}	n.p.
20 or more	..	..	..	..	..	..
< 10	47	206% [†]	Yes (2.25,4.07)	n.p.	20% ^{†*}	No (0.29,1.74)
10 or more	13	163% ^{†*}	Yes (1.4,4.51)	<5	n.p. ^{**}	n.p.
Rank group						
Commissioned officer	<5	n.p. ^{**}	n.p.	<5	n.p. ^{**}	n.p.
Other ranks	n.p.	200% [†]	Yes (2.27,3.88)	n.p.	7% ^{†*}	No (0.46,2.1)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

.. Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes permanent ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

- (c) Due to a change in the way the reasons for separating the ADF was recorded during 2002, analysis is presently only for ADF members who left from 1 January 2003 onwards. These members comprise 43% of the total alive and died ex-serving members with at least 1 day of service since 1 January 1985.
- (d) Refers to an involuntary separation due to the retention of the member's service being not in the interests of the Defence Force. This can include reasons relating to one or more of the following: 1. a member's performance; 2. a member's behaviour (including any convictions for criminal or service offences); 3. a member's suitability to serve in the Defence Force, or in a particular role or rank; 4. a member's failure to meet one or more conditions of the member's appointment, enlistment or promotion; 5. workforce planning in the Defence Force; 6. the effectiveness and efficiency of the Defence Force; 7. the morale, welfare and discipline of the Defence Force; 8. the reputation and community standing of the Defence Force.
- (e) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.
- (f) The time between the date of hire and date of separation from the ADF. Sum of component items do not equal totals, as there were a total of 2 permanent ex-serving male members who had died by suicide who did not have a hire date.
- (g) The period between separation date and extract date (31 December 2021) for those alive at the extract date. The period between separation date and death for ex-serving members who have died.

Male ex-serving suicide rates by service-related characteristics: involuntary medical separation

In brief:

Ex-serving males who served in the permanent forces and separated involuntarily for medical reasons are 2.84 times (184%) more likely to die by suicide than Australian males. The groups particularly at risk among ex-serving males who served in the permanent forces and separated involuntarily for medical reasons are aged under 50, and separated within one and 10 years ago.

In particular, ex-serving males who served in the permanent forces and who separated involuntarily for medical reasons are 3.3 times (230%) more likely to die by suicide within one to five years of separating and 3.51 times (251%) more likely to die by suicide within five to 10 years of separating compared to Australian males.

The rates of suicide for ex-serving males who served in the permanent forces and separated involuntarily for medical reasons within one year of separating are not statistically different compared to Australian males. As identified in Table 11, this risk profile differs from those who separated involuntarily for the reason 'retention-not-in-service-interest', where suicide rates are 5.99 times (499%) higher within one year of separating compared to the respective age-matched Australian population.

56. Compared with the Australian male population (using SMRs to control for differences in age distributions), the suicide rate for ex-serving males who served in the permanent forces and separated involuntarily for medical reasons between 2003 and 2021, is 2.84 times (184%) higher than that of Australian males.
57. For those under 50, the rate of suicide is 3 times (201%) higher than that of Australian males, for those who served in the Navy the rate of suicide is almost 4 times (286%) higher, and for those who served in the Army the rate of suicide is almost 2.7 times (167%) higher. Suicide rates are 3.3 times (230%) higher within one to four years of separating and 3.5 times (251%) higher within five to 10 years of separating compared to Australian males, but not statistically different within one year of separating.

Table 11 Comparative rates of suicide^(a), ex-serving males, by prior service status, involuntary medical separation, and service-related characteristics, 2003–2021^{(b)(c)}

Male ex-serving	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Involuntary Medical	n.p.	184%↑	Yes (2.25,3.55)	<5	n.p.**	n.p.
Age group (years)						
Under 50	n.p.	201%↑	Yes (2.35,3.8)	<5	n.p.**	n.p.
Under 30	n.p.	151%↑*	Yes (1.37,4.2)	0	..	..
30–39	36	239%↑	Yes (2.38,4.7)	<5	n.p.**	n.p.
40–49	21	184%↑	Yes (1.76,4.34)	<5	n.p.**	n.p.
50 years and over	7	82%↑*	No (0.73,3.74)	0	..	..
Service						
Navy	18	286%↑*	Yes (2.29,6.1)	0	..	..
Army	n.p.	167%↑	Yes (2,3.49)	<5	n.p.**	n.p.
Air Force	n.p.	137%↑*	No (0.95,4.88)	0	..	..
Length of service (years)^(e)						
< 1	<5	n.p.**	n.p.	<5	n.p.**	n.p.
1 – < 5	20	161%↑	Yes (1.6,4.04)	0	..	..
5 – < 10	20	201%↑	Yes (1.84,4.65)	0	..	..
10 – < 20	20	190%↑	Yes (1.77,4.49)	0	..	..
20 or more	n.p.	173%↑*	Yes (1.49,4.59)	<5	n.p.**	n.p.
< 10	n.p.	185%↑	Yes (2.07,3.82)	<5	n.p.**	n.p.
10 or more	n.p.	184%↑	Yes (1.97,3.97)	<5	n.p.**	n.p.

Male ex-serving	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Time since separation (years)^(f)						
< 1	n.p.	79% ^{†*}	No (0.66,3.89)	0	..	..
1 – < 5	35	230% [†]	Yes (2.3,4.58)	<5	n.p. ^{**}	n.p.
5 – < 10	29	251% [†]	Yes (2.35,5.04)	<5	n.p. ^{**}	n.p.
10 – < 20	n.p.	47% ^{†*}	No (0.64,2.9)	0	..	..
20 or more	..			..	..	..
< 10	n.p.	215% [†]	Yes (2.46,3.98)	<5	n.p. ^{**}	n.p.
10 or more	n.p.	47% ^{†*}	No (0.64,2.9)	0	..	..
Rank group						
Commissioned officer	n.p.	167% ^{†*}	Yes (1.07,5.5)	0	..	..
Other ranks	n.p.	186% [†]	Yes (2.23,3.6)	<5	n.p. ^{**}	n.p.

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

.. Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

- (b) Analysis includes permanent ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.
- (c) Due to a change in the way the reasons for separating the ADF was recorded during 2002, analysis is presently only for ADF members who left from 1 January 2003 onwards. These members comprise 43% of the total alive and died ex-serving members with at least 1 day of service since 1 January 1985.
- (d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.
- (e) The time between the date of hire and date of separation from the ADF. Sum of component items do not equal totals, as there were a total of 2 permanent ex-serving male members who had died by suicide who did not have a hire date.
- (f) The period between separation date and extract date (31 December 2021) for those alive at the extract date. The period between separation date and death for ex-serving members who have died.

Female ex-serving suicide rates by service status

In brief:

Ex-serving females who served in the permanent forces are 2.1 times (110%) more likely to die by suicide than Australian females.

Similarly, ex-serving females who served solely in the reserve forces are 2.04 times (104%) more likely to die by suicide than Australian females.

This differs from the outcome observed for males: males who served solely in the reserve forces are not at a higher risk when compared to Australian males unless they served for less than one year.

Rates vary within subpopulations. The subpopulations are explored further in tables 10 to 17 and give a better indication of the risk of suicide to different groups within the female ex-serving population.

58. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rates for ex-serving females who served in the permanent forces is 2.1 times (110%) higher than that of Australian females.
59. Similarly, the rate of suicide for ex-serving females who served solely in the reserve forces is 2.04 times (104%) higher than that of Australian females.
60. This differs from the outcome observed for males who served solely in the reserve forces who are not an at-risk cohort when compared to Australian males unless they served for less than one year.

Table 12 Comparative rates of suicide^(a), ex-serving females, by prior service status, 1997–2021^{(b)(c)}

	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
Female ex-serving	62	110%↑	Yes (1.61, 2.69)	55	104%↑	Yes (1.54, 2.65)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

.. Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by age at death

In brief:

Ex-serving females who served in the permanent forces and are aged under 30 are 3.4 times (240%) more likely to die by suicide than Australian females.

Ex-serving females who served solely in the reserve forces and aged 40 to 49 are 3 times (200%) more likely to die by suicide than Australian females. The age demographic of this at-risk group is different from that of the ex-serving females who served in the permanent forces. This allows us to build a clearer picture of which ex-serving females who served solely in the reserve forces are at increased risk of suicide, given that men in this category are not.

61. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rates for ex-serving females who served in the permanent forces are higher than those of Australian females for all age groups except females aged 50 years and over. For those under 30, the suicide rate for ex-serving females who served in the permanent forces is 3.4 times (240%) higher than that of Australian females.
62. The rate of suicide for ex-serving females who served solely in reserve forces and are aged 40-49 is 3 times (200%) higher than that of Australian females.

Table 13 Comparative rates of suicide^(a), ex-serving females, by prior service status and age at death, 1997–2021^{(b)(c)}

Female ex-serving Age group (years)	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
Under 50	55	133% [†]	Yes (1.76,3.03)	47	125% [†]	Yes (1.65,2.99)
Under 30	13	240% ^{†*}	Yes (1.81,5.82)	6	118% ^{†*}	No (0.8,4.75)
30–39	24	154% [†]	Yes (1.63,3.78)	12	41% ^{†*}	No (0.73,2.47)
40–49	18	74% ^{†*}	Yes (1.03,2.76)	29	200% [†]	Yes (2.01,4.31)
50 years and over	7	17% ^{†*}	No (0.47,2.42)	8	32% ^{†*}	No (0.57,2.6)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

. . Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by service

In brief:

Ex-serving females who served in the permanent forces in the Navy or Army are 2.29 times (129%) and 2.66 times (166%) more likely, respectively, to die by suicide than Australian females.

Ex-serving females who served solely in the reserve forces of the Army are 2.12 times (112%) more likely to die by suicide than Australian females. No deaths by suicide were reported for ex-serving females who served solely in the reserve forces of the Navy.

63. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rates for ex-serving females who served in the permanent forces in the Navy or Army are 29% and 66% higher, respectively, than those of Australian females.
64. The suicide rate for ex-serving females who served solely in the reserve forces in the Army is 2.12 times (112%) higher than that of Australian females, and for those in the Navy, no deaths by suicide were reported.

Table 14 Comparative rates of suicide^(a), ex-serving females, by prior service status and service, 1997–2021^{(b)(c)}

Female ex-serving Service	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
Navy	18	129% ^{†*}	Yes (1.35,3.61)	0	..	..
Army	n.p.	166% [†]	Yes (1.8,3.8)	n.p.	112% [†]	Yes (1.59,2.76)
Air Force	n.p.	34% ^{†*}	No (0.73,2.26)	<5	n.p. ^{**}	n.p.

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

.. Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by length of service

In brief:

Ex-serving females who served in the permanent forces and served less than 10 years are 2.49 times (149%) more likely to die by suicide than Australian females. Similarly, ex-serving females who served solely in the reserve forces and served less than 10 years are 2.07 times (107%) more likely to die by suicide than Australian females.

65. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rate for ex-serving females who served in the permanent forces for less than 10 years is 2.49 times (149%), when compared to Australian females.
66. The rate of suicide for ex-serving females who served solely in the reserve forces and served less than 10 years is 2.07 times (107%) higher than that of Australian females.

Table 15 Comparative rates of suicide^(a), ex-serving females, by prior service status and length of service, 1997–2021^{(b)(c)}

Female ex-serving Length of service (years) ^(e)	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
< 1	15	170% ^{†*}	Yes (1.51, 4.46)	10	109% ^{†*}	Yes (1.3, 8.4)
1 – < 5	21	170% [†]	Yes (1.67, 4.13)	26	105% [†]	Yes (1.34, 3.01)
5 – < 10	17	112% ^{†*}	Yes (1.24, 3.4)	11	109% ^{†*}	Yes (1.04, 3.74)
10 – < 20	n.p.	0%*	No (0.37, 2.17)	n.p.	60% ^{†*}	No (0.52, 3.75)
20 or more	<5	n.p.**	n.p.	<5	n.p.**	n.p.
< 10	53	149% [†]	Yes (1.86, 3.25)	47	107% [†]	Yes (1.52, 2.75)
10 or more	9	9% ^{†*}	No (0.5, 2.08)	8	88% ^{†*}	No (0.81, 3.71)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

. . Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(e) The time between the date of hire and date of separation from the ADF. Sum of component items do not equal totals, as there were a total of 2 permanent ex-serving male members who had died by suicide who did not have a hire date.

Female ex-serving suicide rates by time since separation

In brief:

Ex-serving females who served in the permanent forces and separated within five and 10 years ago are almost 3 times (199%) more likely to die by suicide than Australian females.

The suicide rate for ex-serving females who served solely in the reserve forces is 2.17 times (117%) higher during the period between 10 and 20 years after separation, than that of Australian females.

67. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rate for ex-serving females who served in the permanent forces is 2.99 times (199%) higher between five and 10 years after separation, than that of Australian females.
68. The rates of suicide for ex-serving females who served solely in the reserve forces are 2.17 times (117%) higher between 10 and 20 years after separation, and 93% higher 20 years or more since separation, than those of Australian females.

Table 16 Comparative rates of suicide^(a), ex-serving females, by prior service status and time since separation, 1997–2021^{(b)(c)}

Female ex-serving Time since separation (years) ^(e)	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
< 1	<5	n.p.**	No (0.55,7.76)	<5	n.p.**	n.p.
1 – < 5	n.p.	98% ^{†*}	No (0.9,3.76)	n.p.	45% ^{†*}	No (0.47,3.39)
5 – < 10	17	199% ^{†*}	Yes (1.74,4.78)	9	74% ^{†*}	No (0.8,3.31)
10 – < 20	21	95% [†]	Yes (1.2,2.97)	23	117% [†]	Yes (1.37,3.25)
20 or more	12	56% ^{†*}	No (0.81,2.73)	14	93% ^{†*}	Yes (1.06,3.24)
< 10	29	155% [†]	Yes (1.71,3.66)	18	92% ^{†*}	Yes (1.14,3.03)
10 or more	33	81% [†]	Yes (1.25,2.55)	37	110% [†]	Yes (1.48,2.9)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

. . Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(e) The period between separation date and extract date (31 December 2021) for those alive at the extract date. The period between separation date and death for ex-serving members who have died.

Female ex-serving suicide rates by rank

In brief:

Ex-serving females who served in the permanent forces and were not commissioned officers at separation are 2.2 times more likely to die by suicide than Australian females.

Ex-serving females who served solely in the reserve forces and were not commissioned officers at separation are 2.09 times more likely to die by suicide than Australian females.

69. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rate for ex-serving females who served in the permanent forces and were not commissioned officers at separation is 2.2 times (120%) higher than that of Australian females.
70. The rate of suicide for ex-serving females who served solely in the reserve forces and were not commissioned officers (other ranks) at separation is 2.09 times (109%) higher than that of Australian females.
71. This differs from the outcome observed for males who served solely in the reserve forces and were not commissioned officers at separation who are not an at-risk cohort when compared to Australian males.

Table 17 Comparative rates of suicide^(a), ex-serving females, by prior service status and rank, 1997–2021^{(b)(c)}

Female ex-serving Rank group	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
Commissioned officer	n.p.	36% ^{†*}	No (0.44,3.18)	<5	n.p. ^{**}	n.p.
Other ranks	n.p.	120% [†]	Yes (1.67,2.85)	n.p.	109% [†]	Yes (1.55,2.75)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

. . Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Female ex-serving suicide rates by detailed length of service

In brief:

Ex-serving females who were not commissioned officers and served in the permanent forces for less than 90 days, which is roughly the period for recruit training, are 2.53 times (153%) more likely to die by suicide than Australian females.

Ex-serving females who were not commissioned officers and served in the permanent forces for between 90 days and 1 year, which is roughly the period of Initial Employment Training (which follows recruit training), are 3.34 times (234%) more likely to die by suicide than Australian females.

Proportionally, 14% of all suicide deaths of ex-serving females who were not commissioned officers and served in the permanent forces were for service of less than 90 days, and 10.5% served between 90 days and 1 year (275 days).

No suicide deaths were recorded for ex-serving females who were not commissioned officers and served solely in the reserve forces for less than 90 days, which is roughly the period for recruit training.

Ex-serving females who were not commissioned officers and served solely in the reserve forces for between 90 days and 1 year, are 2.55 times (155%) more likely to die by suicide than Australian females.

Proportionally, 19.6% of all suicide deaths of ex-serving females who were not commissioned officers and served solely in the reserve forces were for service of between 90 days and 1 year (275 days).

72. Compared with the Australian female population (using SMRs to control for differences in age distributions), suicide rates for ex-serving females who were not commissioned officers and served in the permanent forces for less than 90 days are 2.53 times (153%) higher than those of Australian females.
73. The suicide rates for ex-serving females who were not commissioned officers and served in the permanent forces for between 90 days and 1 year are 3.34 times (234%) higher than those of Australian females.
74. No suicide deaths were recorded for ex-serving females who were not commissioned officers and served solely in the reserve forces for less than 90 days.
75. The suicide rates for ex-serving females who were not commissioned officers and served solely in the reserve forces for between 90 days and 1 year are 2.55 times (155%) higher than those of Australian females.

Table 18 Comparative rates of suicide^(a), ex-serving females, by detailed length of service group, rank group, and prior service status, compared with age- and sex-matched Australian population, 1997–2021^{(b)(c)}

Female ex-serving Detailed length of service ^(e)	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
Commissioned officer	5	36% ^{†*}	No (0.44,3.18)	<5	n.p. ^{**}	n.p.
<30 days	0	..		0	..	..
<60 days	0	..		0	..	..
<90 days	0	..		0	..	..
<180 days	0	..		0	..	..
< 1 year	<5	n.p. ^{**}	n.p.	0	..	..
<1.5 years	<5	n.p. ^{**}	n.p.	0	..	..
< 2 years	<5	n.p. ^{**}	n.p.	0	..	..
90 days to 1.5 years	<5	n.p. ^{**}	n.p.	0	..	..
1.5 years to 2 years	0	..		0	..	..
Other ranks	57	120% [†]	Yes (1.67,2.85)	51	109% [†]	Yes (1.55,2.75)
<30 days	<5	n.p. ^{**}	n.p.	0	..	..
<60 days	n.p.	115% ^{†*}	No (0.7,5.01)	0	..	..
<90 days	8	153% ^{†*}	Yes (1.09,4.98)	0	..	..
<180 days	n.p.	170% ^{†*}	Yes (1.35,4.84)	n.p. ^{**}	n.p. ^{**}	n.p.
< 1 year	14	184% ^{†*}	Yes (1.55,4.77)	10	116% ^{†*}	Yes (1.04,3.97)
90 days to 1 year	6	234% ^{†*}	Yes (1.23,7.27)	10	155% ^{†*}	Yes (1.22,4.7)
1 – < 2 years	8	614% ^{†*}	Yes (3.08,14.08)	8	71% ^{†*}	No (0.74,3.38)
2 – < 3 years	<5	n.p. ^{**}	n.p.	10	207% ^{†*}	Yes (1.47,5.64)

Female ex-serving Detailed length of service ^(e)	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
3 – < 4 years	<5	n.p.**	n.p.	n.p.**	n.p.**	n.p.
4 – < 5 years	6	184% ^{†*}	Yes (1.04,6.19)	5	202% ^{†*}	No (0.98,7.05)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

. . Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(e) The time between the date of hire and date of separation from the ADF.

Female ex-serving suicide rates by separation reason

In brief:

Ex-serving females who served in the permanent forces and separated involuntarily for medical reasons are almost 5 times (398%) more likely to die by suicide than Australian females, and those who separated involuntarily for reasons other than medical are 3.42 times (242%) more likely to die by suicide.

76. Compared with the Australian female population (using SMRs to control for differences in age distributions), the suicide rate for ex-serving females who served in the permanent forces and separated involuntarily for medical reasons between 2003 and 2021 is 4.98 times (398%) higher than that of Australian females. For females who separated involuntarily for reasons other than medical, the suicide rate is 3.42 times (242%) higher.

Table 19 Comparative rates of suicide^(a), ex-serving females, by prior service status, and separation reason, 2003–2021^{(b)(c)}

Female ex-serving	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
Voluntary	5	97% ^{†*}	No (0.64,4.61)	8	191% ^{†*}	Yes (1.25,5.73)
Within 90 days of enlistment	<5	n.p.**	n.p.	0	..	..
Resignation	<5	n.p.**	n.p.	n.p.	146% ^{†*}	No (0.9,5.36)
Separated Non Attendance	0	..	..	0	..	..
Separated Non Contactable	<5	n.p.**	n.p.	<5	n.p.**	n.p.
All other voluntary separation reasons ^(e)	0	..	..	0	..	..
Involuntary	n.p.	329% ^{†*}	Yes (2.35,7.21)	<5	n.p.**	n.p.
Other Involuntary	n.p.	242% ^{†*}	Yes (1.11,7.99)	<5	n.p.**	n.p.
Management initiated retirement ^(f)	..	..	..	..	..	..
Retention not in service interest ^(g)	<5	n.p.**	n.p.	0	..	..
Unsuitable for service	0	..	..	0	..	..
Disciplinary	0	..	..	0	..	..
In absence	<5	n.p.**	n.p.	<5	n.p.**	n.p.
Training failure	<5	n.p.**	n.p.	<5	n.p.**	n.p.
Below fitness standard	0	..	..	0	..	..
Compulsory retirement age	<5	n.p.**	n.p.	0	..	..
All other involuntary separation reasons ^(h)	0	..	..	0	..	..

Female ex-serving	Permanent ex-serving			Reserve ex-serving		
	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)	Number of suicide deaths	Comparative Suicide rate (SMR)	Statistically significant ^(d) (CI)
Involuntary Medical	n.p.	398% ^{†*}	Yes (2.28,9.45)	<5	n.p. ^{**}	n.p.
Contractual/Administrative change⁽ⁱ⁾	0	..	..	0	..	..
Total ex-serving with a separation reason	19	166% ^{†*}	Yes (1.6,4.16)	12	147% ^{†*}	Yes (1.28,4.32)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a suicide count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a suicide count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

.. Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes permanent ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) Due to a change in the way the reasons for separating the ADF was recorded during 2002, analysis is presently only for ADF members who left from 1 January 2003 onwards. These members comprise 43% of the total alive and died ex-serving members with at least 1 day of service since 1 January 1985.

(d) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(e) Includes completed continued full-time service, failed to enlist, voluntary redundancy and retired after compulsory retirement age date.

(f) Note that no ADF members were observed to have separated for the reason of management initiated retirement.

(g) Refers to an involuntary separation due to the retention of the member’s service being not in the interests of the Defence Force. This can include reasons relating to one or more of the following: 1. a member’s performance; 2. a member’s behaviour (including any convictions for criminal or service offences); 3. a member’s suitability to serve in the Defence Force, or in a particular role or rank; 4. a member’s failure to meet one or more conditions of the member’s appointment, enlistment or promotion; 5. workforce planning in the Defence Force; 6. the effectiveness and efficiency of the Defence Force; 7. the morale, welfare and discipline of the Defence Force; 8. the reputation and community standing of the Defence Force.

(h) Includes false statement on enlistment, irregular enlistment and civil offence.

(i) Contractual/Administrative change includes contract completed, data migration requirement and separation reasons that include contractual change and/or changes in Defence personnel system (e.g. transitioning of payroll system to PMKeyS introduced from 2001).

4.2 Comparative mortality rates – select causes of death

77. Please carefully consider your needs when reading the following information. This report contains information on numbers of deaths by suicide for ex-serving members of the ADF. This report also contains information on methods used for suicide. This report may be distressing to some readers. Please consider your need to view this information.
78. At the establishment of our inquiry, mortality rates for preventable causes of death (except deaths by suicide) were not available for ex-serving members. The Royal Commission sought to explore if mortality rates are higher across select mechanisms of death that may be considered preventable, in order to identify any additional populations of ex-serving members that are associated with higher rates of mortality.
79. This section presents age-adjusted comparative mortality rates with the Australian population and numbers of deaths for select mechanisms of death between 1997 and 2021 broken down by service status group (permanent ex-serving and reserve ex-serving).

Ex-serving member mortality rates: deaths of despair

In brief:

The term 'deaths of despair' refers to deaths caused by suicide, drug and alcohol poisonings, and chronic liver disease and cirrhosis (Case and Deaton 2015, 2017, 2020). Ex-serving males who served in the permanent forces are 21% more likely to die a death of despair compared to Australian males, however of all the sub categories, only rates of suicide are statistically higher than those of Australian males. Ex-serving males who served solely in the reserve forces are 16% less likely to die a death of despair than Australian males.

Ex-serving females who served in the permanent forces are 81% more likely to die a death of despair compared to Australian females. The sub categories of suicide and accidental poisoning by and exposure to noxious substances are statistically higher than those of Australian females. Ex-serving females who served solely in the reserve forces are 49% more likely to die a death of despair compared to Australian females, however only rates of suicide were statistically higher than those of Australian females.

80. Compared with the Australian male population (using SMRs to control for differences in age distributions), the mortality rate classified as a death of despair for ex-serving males who served in the permanent forces is 21% higher than that of Australian males.
81. The mortality rate for deaths of despair for ex-serving males who served solely in the reserve forces is 16% lower compared to the Australian population.
82. The mortality rate for deaths of despair for ex-serving females who served in the permanent forces is 81% higher than that of Australian females. Deaths caused by suicide (2.1 times [110%] higher), and accidental poisoning by and exposure to noxious substances (59% higher) are statistically higher than that of Australian females.
83. The mortality rate for deaths of despair for ex-serving females who served solely in the reserve forces is 49% higher compared to Australian females.

Table 20 Comparative rates of Deaths of Despair^(a), ex-serving members, by sex and prior service status, 1997–2021^{(b)(c)}

	Permanent ex-serving			Reserve ex-serving		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Male ex-serving						
Deaths of Despair^(d)						
Suicide and sequelae of intentional self-harm	1,343	21%↑	Yes (1.14,1.27)	614	16%↓	Yes (0.77,0.91)
Alcoholic liver disease	854	42%↑	Yes (1.33,1.52)	412	1%↑	No (0.92,1.12)
Hepatitis (with alcoholic liver disease or mental and behavioural disorders due to use of alcohol)	172	8%↓	No (0.79,1.07)	72	31%↓	Yes (0.54,0.87)
Fibrosis and cirrhosis of liver	<5	n.p.**	n.p.	<5	n.p.**	n.p.
Accidental poisoning by and exposure to noxious substances	61	3%↑	No (0.79,1.32)	29	10%↓	No (0.6,1.29)
Accidental poisoning (solvents, gasses, pesticides)	251	1%↓	No (0.87,1.12)	96	47%↓	Yes (0.43,0.65)
	<5	n.p.**	n.p.	<5	n.p.**	n.p.
Female ex-serving						
Deaths of Despair^(d)						
Suicide and sequelae of intentional self-harm	109	81%↑	Yes (1.49,2.19)	83	49%↑	Yes (1.18,1.84)
Alcoholic liver disease	62	110%↑	Yes (1.61,2.69)	55	104%↑	Yes (1.54,2.65)
Hepatitis (with alcoholic liver disease or mental and behavioural disorders due to use of alcohol)	n.p.	45%↑*	No (0.77,2.48)	n.p.	19%↓*	No (0.32,1.66)
Fibrosis and cirrhosis of liver	0	..	..	0	..	..
	n.p.	89%↑*	No (0.61,4.41)	<5	n.p.**	n.p.

	Permanent ex-serving			Reserve ex-serving		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Accidental poisoning by and exposure to noxious substances	29	59% [†]	Yes (1.06,2.28)	19	13% ^{†*}	No (0.68,1.76)
Accidental poisoning (solvents, gasses, pesticides)	0	..	..	0	..	..

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a deaths count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a deaths count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

.. Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes permanent ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) The following ICD-10 codes were used for deaths of despair analysis: Suicide (X60–X84, Y87.0), alcoholic liver disease (K70), chronic hepatitis and viral hepatitis with alcoholic liver disease or mental and behavioural disorders due to use of alcohol as associated cause of death (K73, B15–B19 with K70 or F10 as an associated factor), fibrosis and cirrhosis of liver (K74), accidental poisoning by and exposure to noxious substances (X40–X45; includes F10–F19 with X40–X45 associated cause for years prior to 2013 due to changes in coding practices), accidental poisoning (solvents, gasses, pesticides) (X46–X49).

(e) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Table 21 Comparative rates of Deaths of Despair^(a), permanent ex-serving members, by sex and service-related characteristics, 1997–2021^{(b)(c)}

Deaths of Despair ^(d)	Males			Females		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Permanent ex-serving	1,343	21%↑	Yes (1.14, 1.27)	109	81%↑	Yes (1.49, 2.19)
Age group (years)						
Under 50	948	37%↑	Yes (1.29, 1.46)	89	97%↑	Yes (1.58, 2.42)
Under 30	163	86%↑	Yes (1.58, 2.16)	17	203%↑*	Yes (1.77, 4.85)
30–39	382	46%↑	Yes (1.32, 1.61)	40	138%↑	Yes (1.7, 3.23)
40–49	403	18%↑	Yes (1.07, 1.31)	32	41%↑	No (0.96, 1.98)
50 years and over	395	6%↓	No (0.84, 1.03)	20	34%↑	No (0.82, 2.08)
Separation reason^(f)						
Voluntary	60	29%↓	Yes (0.54, 0.91)	6	28%↑*	No (0.47, 2.79)
Within 90 days of enlistment	12	24%↑*	No (0.64, 2.16)	<5	n.p.**	n.p.
Resignation	37	35%↓	Yes (0.46, 0.9)	<5	n.p.**	n.p.
Separated Non Attendance	<5	n.p.**	n.p.	0	..	..
Separated Non Contactable	n.p.	42%↓*	No (0.28, 1.06)	<5	n.p.**	n.p.
All other voluntary separation reasons ^(g)	0	..	..	0	..	..
Involuntary	224	97%↑	Yes (1.72, 2.25)	n.p.	229%↑	Yes (2.01, 5.08)

Deaths of Despair ^(d)	Males			Females		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Other Involuntary	112	68%↑	Yes (1.38,2.02)	n.p.	195%↑*	Yes (1.27,5.82)
Management initiated retirement ^(h)	..	..	..	..	..	..
Retention not in service interest	76	142%↑	Yes (1.91,3.03)	<5	n.p.**	n.p.
Unsuitable for service	5	127%↑*	No (0.74,5.29)	0	..	..
Disciplinary	<5	n.p.**	n.p.	0	..	..
In absence	14	39%↑*	No (0.76,2.34)	<5	n.p.**	n.p.
Training failure	<5	n.p.**	n.p.	<5	n.p.**	n.p.
Below fitness standard	0	..	..	0	..	..
Compulsory retirement age	<5	n.p.**	n.p.	<5	n.p.**	n.p.
All other involuntary separation reasons ⁽ⁱ⁾	10	6%↓*	No (0.45,1.73)	<5	n.p.**	n.p.
Involuntary Medical	n.p.	139%↑	Yes (1.97,2.87)	n.p.	253%↑*	Yes (1.83,6.17)
Contractual/ Administrative change⁽ⁱ⁾	n.p.	42%↓	Yes (0.35,0.89)	0	..	..
Service						
Navy	329	26%↑	Yes (1.13,1.41)	29	89%↑	Yes (1.27,2.72)
Army	785	38%↑	Yes (1.28,1.48)	52	128%↑	Yes (1.7,2.99)
Air Force	229	19%↓	Yes (0.71,0.92)	28	27%↑	No (0.85,1.84)

Deaths of Despair ^(d)	Males			Females		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Length of service (years)^(k)						
< 1	238	76%↑	Yes (1.54, 1.99)	23	126%↑	Yes (1.43, 3.39)
1 – < 5	349	69%↑	Yes (1.52, 1.88)	41	172%↑	Yes (1.95, 3.69)
5 – < 10	278	16%↑	Yes (1.03, 1.3)	29	76%↑	Yes (1.18, 2.53)
10 – < 20	233	3%↑	No (0.91, 1.18)	9	31%↓*	No (0.32, 1.32)
20 or more	241	20%↓	Yes (0.7, 0.91)	7	29%↑*	No (0.52, 2.65)
Time since separation (years)^(l)						
< 1	46	27%↑	No (0.93, 1.7)	<5	n.p.**	n.p.
1 – < 5	191	26%↑	Yes (1.09, 1.45)	n.p.	24%↑*	No (0.59, 2.27)
5 – < 10	229	17%↑	Yes (1.02, 1.33)	30	185%↑	Yes (1.92, 4.06)
10 – < 20	470	15%↑	Yes (1.05, 1.26)	41	86%↑	Yes (1.33, 2.52)
20 or more	407	24%↑	Yes (1.12, 1.36)	25	35%↑	No (0.87, 1.99)
Rank group						
Commissioned officer	84	34%↓	Yes (0.53, 0.82)	8	6%↓*	No (0.46, 2.09)
Other ranks	1259	28%↑	Yes (1.21, 1.35)	101	92%↑	Yes (1.57, 2.34)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a deaths count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a deaths count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

... Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes permanent ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) The following ICD-10 codes were used for deaths of despair analysis: Suicide (X60–X84, Y87.0), alcoholic liver disease (K70), chronic hepatitis and viral hepatitis with alcoholic liver disease or mental and behavioural disorders due to use of alcohol as associated cause of death (K73, B15–B19 with K70 or F10 as an associated factor), fibrosis and cirrhosis of liver (K74), accidental poisoning by and exposure to noxious substances (X40–X45; includes F10–F19 with X40–X45 associated cause for years prior to 2013 due to changes in coding practices), accidental poisoning (solvents, gasses, pesticides) (X46–X49).

(e) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(f) Due to a change in the way the reasons for separating the ADF was recorded during 2002, analysis is presently only for ADF members who left from 1 January 2003 onwards. These members comprise 43% of the total alive and died ex-serving members with at least 1 day of service since 1 January 1985.

(g) Includes completed continued full-time service, failed to enlist, voluntary redundancy and retired after compulsory retirement age date.

(h) Note that no ADF members were observed to have separated for the reason of management initiated retirement.

(i) Includes false statement on enlistment, irregular enlistment and civil offence.

(j) Contractual/Administrative change includes contract completed, data migration requirement and separation reasons that include contractual change and/or changes in Defence personnel system (e.g. transitioning of payroll system to PMKeyS introduced from 2001).

(k) The time between the date of hire and date of separation from the ADF. Sum of component items do not equal totals, as there were a total of 2 permanent ex-serving male members who had died by suicide who did not have a hire date.

(l) The period between separation date and extract date (31 December 2021) for those alive at the extract date. The period between separation date and death for ex-serving members who have died.

Ex-serving member mortality rates: drug-induced deaths

In brief:

Ex-serving males who served in the permanent forces are no more or less likely to die a drug-induced death than Australian males.

Ex-serving females who served in the permanent forces are 89% more likely to die a drug-induced death, compared to Australian females.

For accidental drug-induced deaths, a sub category of drug-induced deaths, ex-serving females who served in the permanent forces are 68% more likely to die than Australian females.

Accidental drug-induced deaths, which are not considered in suicide research, is an additional type of preventable death that requires further research and inclusion in ex-serving member health and wellbeing monitoring and policy intervention.

84. Deaths are considered 'drug-induced deaths' if they are directly attributable to drug use (for example, drug toxicity/overdose is the underlying cause of death). There are several complex factors that are taken into consideration when a death is certified as drug-induced. For example, the time between the death and toxicology testing may influence the determination of the level of drug present at time of death. Factors such as individual tolerance levels and pre-existing natural disease are also taken into consideration. As such, the process of certifying drug-induced deaths may take significant time to complete and is sensitive to the ABS revisions process.
85. The mortality rate for ex-serving males who served in the permanent forces is similar to that of Australian males (and/or there is no statistical difference as measured by the age-adjusted mortality rate) for drug-induced deaths.
86. Compared with the Australian female population (using SMRs to control for differences in age distributions), the mortality rate for ex-serving females who served in the permanent forces and died a drug-induced death is 89% higher. Within this cohort, the mortality rate for ex-serving females who served in the permanent forces and died an accidental drug-induced death is 68% higher than that of Australian females. Accidental drug-induced deaths for ex-serving females who served in the permanent forces are associated with higher rates of mortality, and warrants further research.

Table 22 Comparative rates of drug-induced deaths^(a), ex-serving members, by sex and prior service status, 1997–2021^{(b)(c)}

	Permanent ex-serving			Reserve ex-serving		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Male ex-serving						
Drug-induced deaths^(d)	353	10%↑	No (0.99, 1.22)	139	38%↓	Yes (0.52, 0.73)
Accidental drug-induced deaths	215	1%↑	No (0.88, 1.15)	78	48%↓	Yes (0.41, 0.64)
Intentional drug-induced deaths	92	61%↑	Yes (1.3, 1.97)	34	10%↓	No (0.63, 1.26)
Poisoning by and exposure to drugs, medications and biological substances, undetermined intent	20	12%↑	No (0.68, 1.73)	14	13%↑*	No (0.62, 1.89)
Female ex-serving						
Drug-induced deaths^(d)	53	89%↑	Yes (1.42, 2.48)	38	47%↑	Yes (1.04, 2.01)
Accidental drug-induced deaths	27	68%↑	Yes (1.11, 2.44)	17	15%↑*	No (0.67, 1.84)
Intentional drug-induced deaths	21	161%↑	Yes (1.61, 3.99)	17	125%↑*	Yes (1.31, 3.61)

	Permanent ex-serving			Reserve ex-serving		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Poisoning by and exposure to drugs, medicaments and biological substances, undetermined intent	<5	n.p.**	n.p.	<5	n.p.**	n.p.

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a deaths count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a deaths count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

.. Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes permanent ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) The ICD–10 codes used for drug–induced analysis are as follows: X40–X44, X60–X64, Y10–Y14, D52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11.0–F11.5, F11.7–F11.9, F12.0–F12.5, F12.7–F12.9, F13.0–F13.5, F13.7–F13.9, F14.0–F14.5, F14.7–F14.9, F15.0–F15.5, F15.7–F15.9, F16.0–F16.5, F16.7–F16.9, F17.0, F17.3–F17.5, F17.7–F17.9, F18.0–F18.5, F18.7–F18.9, F19.0–F19.5, F19.7–F19.9, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G62.0, G72.0, I95.2, J70.2, J70.3, J70.4, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R78.1, R78.2, R78.3, R78.4, R78.5.

(e) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Table 23 Comparative rates of drug-induced deaths^(a), permanent ex-serving members, by sex and service-related characteristics, 1997–2021^{(b)(c)}

Drug-induced deaths ^(d)	Males			Females		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Permanent ex-serving	353	10%↑	No (0.99, 1.22)	53	89%↑	Yes (1.42, 2.48)
Age group (years)						
Under 50	292	20%↑	Yes (1.06, 1.34)	47	114%↑	Yes (1.57, 2.85)
Under 30	43	42%↑	Yes (1.03, 1.92)	9	257%↑*	Yes (1.63, 6.78)
30–39	117	12%↑	No (0.92, 1.34)	24	183%↑	Yes (1.81, 4.21)
40–49	132	21%↑	Yes (1.01, 1.43)	14	28%↑*	No (0.7, 2.15)
50 years and over	61	21%↓	No (0.6, 1.01)	6	1%↓*	No (0.36, 2.15)
Separation reason^(f)						
Voluntary	9	66%↓*	Yes (0.15, 0.64)	<5	n.p.**	n.p.
Within 90 days of enlistment	<5	n.p.**	n.p.	0	..	..
Resignation	n.p.	66%↓*	Yes (0.13, 0.74)	<5	n.p.**	n.p.
Separated Non Attendance	0	..	..	0	..	..
Separated Non Contactable	<5	n.p.**	n.p.	0	..	..
All other voluntary separation reasons ^(g)	0	..	..	0	..	..

	Males			Females		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Drug-induced deaths^(d)						
Involuntary	68	89%↑	Yes (1.47,2.4)	n.p.	220%↑*	Yes (1.46,6.07)
Other Involuntary	32	57%↑	Yes (1.07,2.22)	<5	n.p.**	n.p.
Management initiated retirement ^(h)	..	..	..	..	..	..
Retention not in service interest	18	70%↑*	Yes (1.01,2.69)	<5	n.p.**	n.p.
Unsuitable for service	<5	n.p.**	n.p.	0	..	..
Disciplinary	<5	n.p.**	n.p.	0	..	..
In absence	<5	n.p.**	n.p.	0	..	..
Training failure	0	..	..	0	..	..
Below fitness standard	0	..	..	0	..	..
Compulsory retirement age	<5	n.p.**	n.p.	<5	n.p.**	n.p.
All other involuntary separation reasons ⁽ⁱ⁾	5	60%↑*	No (0.52,3.74)	0	..	..
Involuntary Medical	36	130%↑	Yes (1.61,3.19)	n.p.	212%↑*	Yes (1.01,7.28)
Contractual/ Administrative change⁽ⁱ⁾	<5	n.p.**	n.p.	0	..	..
Service						
Navy	97	24%↑	Yes (1,1.51)	n.p.	94%↑*	Yes (1.06,3.26)
Army	210	23%↑	Yes (1.07,1.41)	28	164%↑	Yes (1.75,3.81)
Air Force	46	36%↓	Yes (0.47,0.85)	n.p.	8%↑*	No (0.54,1.94)

	Males			Females		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Drug-induced deaths^(d)						
Length of service (years)^(k)						
< 1	73	56%↑	Yes (1.22, 1.96)	15	212%↑*	Yes (1.75, 5.15)
1 – < 5	121	72%↑	Yes (1.43, 2.06)	23	221%↑	Yes (2.04, 4.82)
5 – < 10	72	7%↓	No (0.73, 1.18)	n.p.	55%↑*	No (0.8, 2.7)
10 – < 20	60	10%↓	No (0.68, 1.15)	<5	n.p.**	n.p.
20 or more	27	55%↓	Yes (0.3, 0.66)	<5	n.p.**	n.p.
Time since separation (years)^(l)						
< 1	12	4%↑*	No (0.54, 1.81)	0	..	..
1 – < 5	44	11%↓	No (0.65, 1.2)	<5	n.p.**	n.p.
5 – < 10	63	2%↓	No (0.75, 1.25)	n.p.	195%↑*	Yes (1.65, 4.86)
10 – < 20	132	6%↑	No (0.89, 1.26)	24	127%↑	Yes (1.46, 3.38)
20 or more	102	25%↑	Yes (1.02, 1.51)	n.p.	17%↑*	No (0.56, 2.15)
Rank group						
Commissioned officer	17	46%↓*	Yes (0.32, 0.87)	5	46%↑*	No (0.47, 3.41)
Other ranks	336	16%↑	Yes (1.04, 1.29)	48	95%↑	Yes (1.44, 2.59)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a deaths count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a deaths count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

... Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes permanent ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) The ICD–10 codes used for drug-induced analysis are as follows: X40–X44, X60–X64, Y10–Y14, D52.1, D59.0, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11.0–F11.5, F11.7–F11.9, F12.0–F12.5, F12.7–F12.9, F13.0–F13.5, F13.7–F13.9, F14.0–F14.5, F14.7–F14.9, F15.0–F15.5, F15.7–F15.9, F16.0–F16.5, F16.7–F16.9, F17.0, F17.3–F17.5, F17.7–F17.9, F18.0–F18.5, F18.7–F18.9, F19.0–F19.5, F19.7–F19.9, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G62.0, G72.0, I95.2, J70.2, J70.3, J70.4, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R78.1, R78.2, R78.3, R78.4, R78.5.

(e) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(f) Due to a change in the way the reasons for separating the ADF was recorded during 2002, analysis is presently only for ADF members who left from 1 January 2003 onwards. These members comprise 43% of the total alive and died ex-serving members with at least 1 day of service since 1 January 1985.

(g) Includes completed continued full-time service, failed to enlist, voluntary redundancy and retired after compulsory retirement age date.

(h) Note that no ADF members were observed to have separated for the reason of management initiated retirement.

(i) Includes false statement on enlistment, irregular enlistment and civil offence.

(j) Contractual/Administrative change includes contract completed, data migration requirement and separation reasons that include contractual change and/or changes in Defence personnel system (e.g. transitioning of payroll system to PMKeyS introduced from 2001).

(k) The time between the date of hire and date of separation from the ADF. Sum of component items do not equal totals, as there were a total of 2 permanent ex-serving male members who had died by suicide who did not have a hire date.

(l) The period between separation date and extract date (31 December 2021) for those alive at the extract date. The period between separation date and death for ex-serving members who have died.

Ex-serving member mortality rates: alcohol-induced deaths

In brief:

Ex-serving males who served in the permanent forces are 15% less likely to die by an alcohol-induced death compared to Australian males.

Ex-serving males who served solely in the reserve forces are 40% less likely to die by an alcohol-induced death compared to Australian males.

Results for ex-serving females are not statistically different from those of Australian females.

87. Deaths are considered 'alcohol-induced deaths' if they are directly attributable to alcohol use.
88. Compared with the Australian male population (using SMRs to control for differences in age distributions), the mortality rate for ex-serving males who served in the permanent forces and died by an alcohol-induced death is 15% lower.
89. The mortality rate for ex-serving males who served solely in the reserve forces is 40% lower than that of Australian males.
90. The mortality rate for ex-serving females who died an alcohol-induced death is similar to that of Australian females and/or there is no statistical difference as measured by the age-adjusted mortality rate.

Table 24 Comparative rates of alcohol-induced deaths^(a), ex-serving members, by sex and prior service status, 1997–2021^{(b)(c)}

	Permanent ex-serving			Reserve ex-serving		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Male ex-serving						
Alcohol-induced deaths^(d)	241	15%↓	Yes (0.74,0.96)	97	40%↓	Yes (0.49,0.74)
Alcoholic liver disease	172	8%↓	No (0.79,1.07)	72	31%↓	Yes (0.54,0.87)
Mental and behavioural disorders due to alcohol use	37	33%↓	Yes (0.47,0.92)	10	68%↓*	Yes (0.15,0.58)
Female ex-serving						
Alcohol-induced deaths^(d)	15	22%↑*	No (0.68,2.01)	n.p.	8%↓*	No (0.46,1.65)
Alcoholic liver disease	n.p.	45%↑*	No (0.77,2.48)	n.p.	19%↓*	No (0.32,1.66)
Mental and behavioural disorders due to alcohol use	0	..	..	<5	n.p.**	n.p.

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a deaths count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a deaths count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

.. Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes permanent ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) The ICD-10 codes used for alcohol-induced and related analysis are as follows: E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, R78.0, X45, X65, Y15.

(e) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Table 25 Comparative rates of alcohol-induced deaths^(a), permanent ex-serving members, by sex and service-related characteristics, 1997–2021^{(b)(c)}

Alcohol-induced deaths ^(d)	Males			Females		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Permanent ex-serving	241	15%↓	Yes (0.74, 0.96)	15	22%↑*	No (0.68, 2.01)
Age group (years)						
Under 50	71	26%↓	Yes (0.57, 0.93)	6	20%↓*	No (0.29, 1.75)
Under 30	<5	n.p.**	n.p.	0	..	..
30–39	n.p.	28%↓*	No (0.39, 1.21)	0	..	..
40–49	56	26%↓	Yes (0.56, 0.96)	6	10%↑*	No (0.4, 2.39)
50 years and over	170	9%↓	No (0.77, 1.05)	9	87%↑*	No (0.86, 3.56)
Separation reason^(f)						
Voluntary	n.p.	68%↓*	Yes (0.1, 0.74)	<5	n.p.**	n.p.
Within 90 days of enlistment	0	..	..	0	..	..
Resignation	<5	n.p.**	n.p.	<5	n.p.**	n.p.
Separated Non Attendance	0	..	..	0	..	..
Separated Non Contactable	<5	n.p.**	n.p.	0	..	..
All other voluntary separation reasons ^(g)	0	..	..	0	..	..
Involuntary	21	10%↑	No (0.68, 1.68)	0	..	..

Alcohol-induced deaths ^(d)	Males			Females		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Other Involuntary	10	13%↓*	No (0.42, 1.59)	0	..	..
Management initiated retirement ^(h)	..	..	..	..	..	..
Retention not in service interest	n.p.	105%↑*	No (0.75, 4.45)	0	..	..
Unsuitable for service	0	..	..	0	..	..
Disciplinary	0	..	..	0	..	..
In absence	<5	n.p.**	n.p.	0	..	..
Training failure	0	..	..	0	..	..
Below fitness standard	0	..	..	0	..	..
Compulsory retirement age	<5	n.p.**	n.p.	0	..	..
All other involuntary separation reasons ⁽ⁱ⁾	0	..	..	0	..	..
Involuntary Medical	11	45%↑*	No (0.72, 2.59)	0	..	..
Contractual/ Administrative change⁽ⁱ⁾	n.p.	1%↑	No (0.44, 2)	0	..	..
Service						
Navy	52	15%↓	No (0.63, 1.11)	<5	n.p.**	n.p.
Army	127	5%↓	No (0.8, 1.14)	7	52%↑*	No (0.61, 3.13)
Air Force	62	31%↓	Yes (0.53, 0.89)	<5	n.p.**	n.p.

	Males			Females		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Alcohol-induced deaths^(d)						
Length of service (years)^(k)						
< 1	15	10%↓*	No (0.5, 1.49)	<5	n.p.**	n.p.
1 – < 5	32	0%	No (0.68, 1.41)	<5	n.p.**	n.p.
5 – < 10	31	37%↓	Yes (0.42, 0.89)	n.p.	74%↑*	No (0.64, 3.79)
10 – < 20	45	22%↓	No (0.57, 1.05)	<5	n.p.**	n.p.
20 or more	116	8%↓	No (0.76, 1.1)	n.p.	n.p.	n.p.
Time since separation (years)^(l)						
< 1	<5	n.p.**	n.p.	0	..	..
1 – < 5	n.p.	30%↓*	No (0.41, 1.13)	0	..	..
5 – < 10	26	26%↓	No (0.48, 1.08)	<5	n.p.**	n.p.
10 – < 20	83	17%↓	No (0.66, 1.03)	<5	n.p.**	n.p.
20 or more	112	2%↓	No (0.81, 1.18)	8	55%↑*	No (0.67, 3.06)
Rank group						
Commissioned officer	27	34%↓	Yes (0.43, 0.96)	<5	n.p.**	n.p.
Other ranks	214	12%↓	No (0.77, 1.01)	n.p.	12%↑*	No (0.58, 1.96)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a deaths count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a deaths count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

... Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes permanent ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) The ICD-10 codes used for alcohol-induced analysis are as follows: E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, R78.0, X45, X65, Y15.

(e) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(f) Due to a change in the way the reasons for separating the ADF was recorded during 2002, analysis is presently only for ADF members who left from 1 January 2003 onwards. These members comprise 43% of the total alive and died ex-serving members with at least 1 day of service since 1 January 1985.

(g) Includes completed continued full-time service, failed to enlist, voluntary redundancy and retired after compulsory retirement age date.

(h) Note that no ADF members were observed to have separated for the reason of management initiated retirement.

(i) Includes false statement on enlistment, irregular enlistment and civil offence.

(j) Contractual/Administrative change includes contract completed, data migration requirement and separation reasons that include contractual change and/or changes in Defence personnel system (e.g. transitioning of payroll system to PMKeyS introduced from 2001).

(k) The time between the date of hire and date of separation from the ADF. Sum of component items do not equal totals, as there were a total of 2 permanent ex-serving male members who had died by suicide who did not have a hire date.

(l) The period between separation date and extract date (31 December 2021) for those alive at the extract date. The period between separation date and death for ex-serving members who have died.

Ex-serving member mortality rates: alcohol-related deaths

In brief:

Ex-serving males who served in the permanent forces are 24% less likely to die by an alcohol-related death compared to Australian males and ex-serving males who served solely in the reserve forces are 41% less likely to die by an alcohol-related death compared to Australian males.

91. Deaths are considered 'alcohol-related deaths' where alcohol played a contributory role (that is, listed as an associated cause of death) and the death was attributable to another cause (for example, a motor vehicle accident where a person recorded a high blood alcohol concentration).
92. Compared with the Australian male population (using SMRs to control for differences in age distributions), the mortality rate for ex-serving males who served in the permanent forces and died by an alcohol-related death is 24% lower than that of Australian males.
93. The mortality rate for ex-serving males served solely in the reserve forces and died by an alcohol-related death is 41% lower than that of Australian males.
94. The mortality rate for ex-serving females who died an alcohol-related death is similar to those of Australian females and/or there is no statistical difference as measured by the age-adjusted mortality rate.

Table 26 Comparative rates of alcohol-related deaths^(a), ex-serving members, by sex and prior service status, 1997–2021^{(b)(c)}

	Permanent ex-serving			Reserve ex-serving		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Male ex-serving						
Alcohol-related deaths^(d)	572	24%↓	Yes (0.7,0.83)	262	41%↓	Yes (0.52,0.66)
Mental and behavioural disorders due to alcohol use	396	11%↓	Yes (0.8,0.98)	190	28%↓	Yes (0.62,0.83)
Finding of alcohol in blood	63	9%↑	No (0.84,1.39)	41	3%↑	No (0.74,1.39)
Alcoholic liver disease	80	67%↓	Yes (0.26,0.41)	25	82%↓	Yes (0.12,0.27)
Accidental poisoning by and exposure to alcohol	51	19%↓	No (0.6,1.06)	21	51%↓	Yes (0.3,0.74)
Female ex-serving						
Alcohol-related deaths^(d)	34	15%↑	No (0.8,1.61)	28	1%↓	No (0.66,1.43)
Mental and behavioural disorders due to alcohol use	23	41%↑	No (0.89,2.11)	18	15%↑*	No (0.68,1.81)
Finding of alcohol in blood	n.p.	135%↑*	No (0.76,5.49)	<5	n.p.**	n.p.
Alcoholic liver disease	<5	n.p.**	n.p.	<5	n.p.**	n.p.
Accidental poisoning by and exposure to alcohol	n.p.	71%↑*	No (0.63,3.72)	<5	n.p.**	n.p.

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a '***' are based on a deaths count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '**' are based on a deaths count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

. . Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes permanent ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) The ICD-10 codes used for alcohol-induced and related analysis are as follows: E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, R78.0, X45, X65, Y15.

(e) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Permanent ex-serving member mortality rates: deaths attributed to road crashes

In brief:

Ex-serving males who served in the permanent forces are 18% more likely to die in a road crash than Australian males.

Ex-serving males who served in the permanent forces and separated involuntarily for medical reasons or for the reason 'retention-not-in-service-interest' are 71% and 80% more likely, respectively, to die in road crashes whereby the deceased was not a passenger (includes accidental, intentional or undetermined intent) than Australian males. The suicide rate for ex-serving males who served in the permanent forces and separate voluntarily is similar to that of Australian males.

Deaths attributed to road crashes, most of which are not considered in suicide research, is an additional type of preventable death that requires further research and inclusion in ex-serving member health and wellbeing monitoring and policy intervention.

95. For the purposes of this analysis, the definition of road crashes excludes deaths whereby the deceased was a passenger. They include deaths classified as 'accidental', 'intentional self-harm', and 'undetermined intent'.
96. Compared with the Australian male population (using SMRs to control for differences in age distributions), the mortality rate attributed to road crashes for ex-serving males who served in the permanent forces is 18% higher than that of Australian males.
97. The mortality rate attributed to road crashes for ex-serving females who served in the permanent forces is 21% higher. While this result is not statistically significant, there may still be a real difference of practical importance that the statistical test did not detect, due to the small size of this cohort.
98. The mortality rates attributed to road crashes for ex-serving males who served in the permanent forces and involuntarily discharged due to the administrative reason 'retention-not-in-service-interest' or medical reasons are 80% and 71% higher, respectively, than Australian males.
99. For those under 50, the rate of suicide is 23% higher than that of Australian males and for those who served in the Army, the rate of suicide is 36% higher. For those who served between 1 and 5 years, the suicide rate is 42% higher, and suicide rates are 32% higher within five and ten years of separating, compared to those of Australian males. For non-commissioned officers at separation, the rate of suicide is 24% higher than that of Australian males.
100. Many of these at-risk groups mirror the at-risk groups for deaths by suicide, suggesting that factors associated with road-crash deaths have a commonality with suicide deaths, and warrants further research.

Table 27 Comparative rates of deaths Attributed to Road Crashes^(a), ex-serving members, by sex and prior service status, 1997–2021^{(b)(c)}

Permanent ex-serving			
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Male ex-serving			
Deaths Attributed to Road Crashes ^(d)	283	18% [†]	Yes (1.05, 1.33)
Female ex-serving			
Deaths Attributed to Road Crashes ^(d)	12	21% ^{†*}	No (0.63, 2.11)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a ‘***’ are based on a deaths count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a ‘**’ are based on a deaths count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

.. Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes permanent ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) The ICD–10 codes used for road crashes analysis are as follows: V89, X82, Y32, V01–V09, V10–V19 (excluding fourth character subdivisions .1 and .5), V20–V29 (excluding fourth character subdivisions .1 and .5), V30–V39 (excluding fourth character subdivisions .1 and .6), V40–V49 (excluding fourth character subdivisions .1 and .6), V50–V58 (excluding fourth character subdivisions .1 and .6), V59 (excluding fourth character subdivisions .1 and .5), V60–V68 (excluding fourth character subdivisions .1 and .6), V69 (excluding fourth character subdivisions .1 and .5), V70–V78 (excluding fourth character subdivisions .1 and .6), V79 (excluding fourth character subdivisions .1 and .5).

(e) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

Table 28 Comparative rates of deaths Attributed to Road Crashes^(a), permanent ex-serving members, by sex and service-related characteristics, 1997–2021^{(b)(c)}

Deaths Attributed to Road Crashes ^(d)	Males			Females		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Permanent ex-serving	283	18%↑	Yes (1.05, 1.33)	12	21%↑*	No (0.63, 2.11)
Age group (years)						
Under 50	203	23%↑	Yes (1.07, 1.42)	n.p.	2%↑*	No (0.44, 2.01)
Under 30	48	34%↑	No (0.99, 1.78)	<5	n.p.**	n.p.
30–39	90	41%↑	Yes (1.14, 1.74)	<5	n.p.**	n.p.
40–49	65	0%	No (0.77, 1.27)	<5	n.p.**	n.p.
50 years and over	80	7%↑	No (0.85, 1.33)	<5	n.p.**	n.p.
Separation reason^(f)						
Voluntary	22	9%↑	No (0.68, 1.65)	0	..	..
Within 90 days of enlistment	<5	n.p.**	n.p.	0	..	..
Resignation	14	8%↑*	No (0.59, 1.82)	0	..	..
Separated Non Attendance	0	..	..	0	..	..
Separated Non Contactable	n.p.	n.p.	n.p.	0	..	..
All other voluntary separation reasons ^(g)	0	..	..	0	..	..
Involuntary	40	39%↑	No (0.99, 1.89)	<5	n.p.**	n.p.

Deaths Attributed to Road Crashes ^(d)	Males			Females		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Other Involuntary	21	19% [†]	No (0.73, 1.81)	0	..	..
Management initiated retirement ^(h)	..	..	..	..	..	..
Retention not in service interest	n.p.	80% ^{†*}	Yes (1.05, 2.88)	0	..	..
Unsuitable for service	0	..	..	0	..	..
Disciplinary	0	..	..	0	..	..
In absence	<5	n.p.**	n.p.	0	..	..
Training failure	<5	n.p.**	n.p.	0	..	..
Below fitness standard	0	..	..	0	..	..
Compulsory retirement age	<5	n.p.**	n.p.	0	..	..
All other involuntary separation reasons ⁽ⁱ⁾	<5	n.p.**	n.p.	0	..	..
Involuntary Medical	19	71% ^{†*}	Yes (1.03, 2.66)	<5	n.p.**	n.p.
Contractual/ Administrative change⁽ⁱ⁾	<5	n.p.**	n.p.	0	..	..

Deaths Attributed to Road Crashes ^(d)	Males			Females		
	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)	Number of deaths	Comparative Suicide rate (SMR)	Statistically significant ^(e) (CI)
Service						
Navy	61	7%↑	No (0.82, 1.37)	<5	n.p.**	n.p.
Army	171	36%↑	Yes (1.16, 1.58)	7	85%↑*	No (0.74, 3.81)
Air Force	51	9%↓	No (0.68, 1.19)	<5	n.p.**	n.p.
Length of service (years)^(k)						
< 1	48	29%↑	No (0.95, 1.71)	<5	n.p.**	n.p.
1 – < 5	71	42%↑	Yes (1.11, 1.79)	<5	n.p.**	n.p.
5 – < 10	51	0%	No (0.74, 1.31)	<5	n.p.**	n.p.
10 – < 20	47	5%↑	No (0.77, 1.4)	<5	n.p.**	n.p.
20 or more	64	16%↑	No (0.89, 1.48)	<5	n.p.**	n.p.
Time since separation (years)^(l)						
< 1	n.p.	4%↑*	No (0.52, 1.87)	0	..	..
1 – < 5	n.p.	33%↑	No (1, 1.74)	<5	n.p.**	n.p.
5 – < 10	61	32%↑	Yes (1.01, 1.69)	<5	n.p.**	n.p.
10 – < 20	95	15%↑	No (0.93, 1.41)	<5	n.p.**	n.p.
20 or more	62	9%↑	No (0.84, 1.4)	5	135%↑*	No (0.76, 5.48)
Rank group						
Commissioned officer	20	26%↓	No (0.45, 1.14)	<5	n.p.**	n.p.
Other ranks	262	24%↑	Yes (1.09, 1.4)	n.p.	28%↑*	No (0.64, 2.29)

Notes:

These Standardised Mortality Ratios (SMR) compare the rate of suicide in the given sex and service status group with the Australian population. The SMRs presented here cannot be validly compared with each other.

SMRs in this Table denoted with a '***' are based on a deaths count for the ADF population of fewer than 5. These SMRs are not considered suitable for publication.

SMRs in this Table denoted with a '**' are based on a deaths count for the ADF population of 5 or more but fewer than 20. These SMRs should be interpreted with caution as they are considered potentially volatile.

. . Not applicable

Source: AIHW analysis of linked Defence Historical Personnel data–PMKeyS–NDI data 1985–2021; NMD 1985–2021; Defence population snapshots, 1997–2021.

(a) Compared with the age- and sex-matched Australian population

(b) Analysis includes permanent ex-serving members who have served at least one day since 1 January 1985 and have died between 1 January 1997 and 31 December 2021.

(c) For 1,168 ex-serving members (941 males, 227 females), history of prior service status could not be determined.

(d) The ICD–10 codes used for road crashes analysis are as follows: V89, X82, Y32, V01–V09, V10–V19 (excluding fourth character subdivisions .1 and .5), V20–V29 (excluding fourth character subdivisions .1 and .5), V30–V39 (excluding fourth character subdivisions .1 and .6), V40–V49 (excluding fourth character subdivisions .1 and .6), V50–V58 (excluding fourth character subdivisions .1 and .6), V59 (excluding fourth character subdivisions .1 and .5), V60–V68 (excluding fourth character subdivisions .1 and .6), V69 (excluding fourth character subdivisions .1 and .5), V70–V78 (excluding fourth character subdivisions .1 and .5), V79 (excluding fourth character subdivisions .1 and .5).

(e) Refers to a statistically significant difference between the ADF population group and an age- and sex-matched Australian population.

(f) Due to a change in the way the reasons for separating the ADF was recorded during 2002, analysis is presently only for ADF members who left from 1 January 2003 onwards. These members comprise 43% of the total alive and died ex-serving members with at least 1 day of service since 1 January 1985.

(g) Includes completed continued full-time service, failed to enlist, voluntary redundancy and retired after compulsory retirement age date.

(h) Note that no ADF members were observed to have separated for the reason of management initiated retirement.

(i) Includes false statement on enlistment, irregular enlistment and civil offence.

(j) Contractual/Administrative change includes contract completed, data migration requirement and separation reasons that include contractual change and/or changes in Defence personnel system (e.g. transitioning of payroll system to PMKeyS introduced from 2001).

(k) The time between the date of hire and date of separation from the ADF. Sum of component items do not equal totals, as there were a total of 2 permanent ex-serving male members who had died by suicide who did not have a hire date.

(l) The period between separation date and extract date (31 December 2021) for those alive at the extract date. The period between separation date and death for ex-serving members who have died.

4.3 Mechanisms of death

101. Analyses by mechanism of death have not been presented in this appendix in accordance with Mindframe guidelines to support safe and accurate reporting of suicide. The important findings from the analysis however are discussed below.
102. The rate of suicide by firearms for ex-serving males who served in the permanent forces is not statistically different from that of Australian males. For females who served in the permanent forces or served solely in the reserve forces, fewer than five deaths were observed where a firearm was the mechanism of death. These results are presented to inform readers that this mechanism of death is not associated with higher rates of suicide in these cohorts when compared to the Australian population.
103. While ex-serving males who served solely in the reserve forces have statistically similar rates of suicide to Australian males, for this cohort, the rate of suicide deaths attributed to firearms is higher than Australian males. This suggests that suicide prevention policy efforts should be implemented in this area.

5 Technical notes

104. The following technical notes relate to the analysis provided within this appendix.

5.1 Suicide monitoring

105. These notes were derived from Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021, Technical notes - Australian Institute of Health and Welfare (aihw.gov.au).

Changes to previously published suicide information

106. An additional 78 suicide deaths are reported here compared with the 2022 report *Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2020*. The breakdown of changes in the number of suicide deaths reported is as follows:
 - 69 suicide deaths that occurred in 2021
 - 9 additional suicide deaths identified in 2020 (and/or 2019) due to a lag in reporting cause of death
 - 7 additional suicide deaths identified in 2007 (1), 2012 (2), 2013 (1), 2015 (3) due to newly identified linkages
 - 7 fewer deaths in 2011 (2), 2014 (2), 2016 (2), 2019 (1) due to updates in cause of death information in the NDI.
107. As well as the expansion of the suicide monitoring period and addition of a new year of cause of death data, there are 3 main reasons for changes to previously published suicide results, as described below.

Lag in cause of death information

108. Analysis in this study is based on year of occurrence of death. The NDI is the source of information on fact of death in this study. Fact of death information from the NDI is supplemented with cause of death information from the National Mortality Database (NMD). Analysis of the NMD for all Australian deaths shows that between 4% and 7% of deaths are not registered until the next year (ABS 2018). These deaths are not captured in cause of death information, until data for the next year become available, and so there is usually a small number of suicides in each report that should have been the year prior's data but were only confirmed after publication.

Cause of death data revisions (ABS)

109. Cause of death information for the *Serving and ex-serving Australian Defence Force members who have served since 1985: detailed analysis from 1997 to 2021* release is based on final cause of death information for the years 2001 to 2019. Revised data are used for 2020 and preliminary data for 2021. Cause of death for a small number of records linked to the 2019 (revised) and 2020 (preliminary) cause of death data may change where a death is being investigated by a coroner and more up-to-date information becomes available as a result of the ABS revisions process. This may have a small effect on the number of deaths attributed to suicide in these years, as some deaths currently coded as 'undetermined intent' could later be identified as 'intentional self-harm' (or vice-versa).
110. Although this method likely captures the vast majority of suicides, there is potential for some to be missed if coronial findings take longer than 4 years and the finding results in an update to the initial coded intent of death.
111. Care needs to be taken when interpreting data derived from deaths registered in Victoria. Following investigations between the ABS and the Victorian Registry of Births, Deaths and Marriages, 2,812 additional registrations from 2017, 2018 and 2019 were identified that had not previously been provided to the ABS. A time series adjustment has been applied to these deaths to enable a more accurate comparison of mortality over time. Affected deaths are presented in the year in which they were registered (that is, removed from 2020 and added to 2018 or 2019). For detailed information on this issue please refer to Technical note: Victorian additional registrations and time series adjustments in Causes of death, Australia (ABS cat. no. 3303.0) available from the ABS website.

Improvements in information available to the study

112. Changes to previously published results may also occur as additional information becomes available to the study.
113. For example, differences in data collection methods and policy around timing of death registration can affect when and how the data is recorded in the ABS collection. Data users should note the potential impact of these changes when making comparisons between reference periods. While such changes will not explain all differences between years, they are a factor that may influence the magnitude of any changes in suicide numbers as revisions are applied (ABS 2018).

114. Improvements in available information and linkage processes over time have also resulted in additional suicides being identified for periods previously reported on.

Australian Bureau of Statistics (ABS) changes to mortality coding over the study period

115. The following information on mortality coding is sourced from the ABS. For further information, see the ABS [Causes of death, Australia](#) report (ABS 2018).
116. Substantial changes to ABS cause of death coding were undertaken in 2006, improving data quality by enabling the revision of cause of death for open coroner's cases over time. Deaths that are referred to a coroner (including deaths due to suicide) can take time to be fully investigated. To account for this, all coroner-certified deaths registered after 1 January 2006 are subject to a revisions process. This allows cause of death for open coroner's cases to be included at a later stage where the case is closed during the revision period. Cause of death data are deemed preliminary when first published, with revised and final versions of the data being historically published 12 and 24 months after initial processing. Between 2001 and 2005, revisions did not take place and as such it is recognised by the ABS that deaths by suicide may have been understated during this period (ABS 2018).
117. As well as the above changes, new coding guidelines were applied to deaths registered from 1 January 2007. The new guidelines improve data quality by enabling deaths to be coded as suicide by ABS mortality coders if evidence from police reports, toxicology reports, autopsy reports and coroners' findings indicates the death was due to suicide. Previously, coding rules required a coroner to determine a death as due to suicide for it to be coded as suicide.
118. The combined result of both changes has been the more complete capture of deaths by suicide, and a reduced number of deaths coded as 'undetermined intent', within Australian mortality data. The National Coronial Information System (NCIS) also continually makes improvements and enhancements to their system which allows for ABS coding to be accessed in a more timely fashion.
119. Detailed information on coding guidelines for intentional self-harm, and administrative and system changes that can have an impact on the mortality data set, can be found in Explanatory Notes 91-100 of [Causes of death, Australia](#) report (ABS 2018).

Standardised mortality ratios

120. Age-adjusted comparisons between the suicide rate in ADF groups and the Australian population were calculated using Standardised Mortality Ratios (SMRs). The SMR is a widely recognised measure used to account for differences in age structures when comparing death rates between populations. This method of standardisation can be used when analysing relatively rare events, that is, where number of deaths is less than 25 for the analysed time period. The SMR is used to control for the fact that the ADF service status groups have a younger age profile than the Australian population, and rates of suicide vary by age in both the study populations and the Australian population. The SMRs control for these differences, enabling comparisons of suicide counts between the service status groups and the Australian population without the confounding effect of differences in age.

121. The SMR is calculated as the observed number of events (deaths by suicide) in the study population divided by the number of events that would be expected if the study population had the same age and sex specific rates as the comparison population. SMRs greater than 1.0 indicate a greater number of suicides in the ADF population than expected; and SMRs less than 1.0 indicate a lower number of suicides than expected in the ADF population.
122. Unlike suicide rates, SMRs only provide information about the 2 populations the statistic is based on. Comparing SMRs cannot be used to draw conclusions about the relative adjusted mortality rates of the study populations. This is because each SMR measure provides a comparison that is specific to the 2 populations involved.
123. Comparisons with the Australian population are not routinely calculated by AIHW for other breakdowns such as by length of service and rank as only adjusting for age and sex does not account for all the differences in the populations. In addition, it is considered more useful to compare between the different levels of these groups rather than with the Australian population.

SMRs based on small numbers

124. SMRs based on small numbers of events can fluctuate from year to year for reasons other than a true change in the underlying risk of the event.
125. SMRs are not usually reported when there are fewer than 5 events among the study population, as SMRs produced using small numbers can be sensitive to small changes in counts of deaths over time.
126. SMRs denoted with a ‘***’ are based on suicide/deaths count for the ADF population of fewer than 5. AIHW would not consider these SMRs suitable for publication.
127. SMRs denoted with a ‘**’ are based on suicide/deaths count for the ADF population of 5 or more but fewer than 20. AIHW would consider these SMRs suitable for publication noting that these SMRs should be interpreted with caution as they are considered potentially volatile.

Confidence Intervals

128. Confidence intervals of 95% were used in the calculation of SMRs. Broadly speaking wider CIs imply less certainty around a calculated value, and narrower CIs imply more certainty. Specifically, a CI at 95% suggests that repeated samples calculating the CI in the same manner would contain the true value 95% of the time.

Using Confidence Intervals to test for statistical significance

129. Statistical significance is based on a measure that indicates how likely it is that an observed difference, or a larger one, would occur under the conditions of the null hypothesis.

130. 95% confidence intervals (CIs) are provided for each standardised mortality ratio (SMR) to indicate the level of uncertainty around these estimates due to random fluctuations in the number of suicides over time. Estimates produced using low numbers can be sensitive to small changes in numbers of deaths over time and will therefore have wide CIs. CIs at 95% are provided within this report as they may account for the variation in absolute numbers of deaths by suicide over time (related to the small sample size). These assume that the suicide counts used in this analysis can be described by a Poisson distribution.
131. It is important to note that there are other sources of uncertainty, such as the linkage error, that are not captured by the provided CIs.
132. Use of CIs is the simplest way to test for significant differences between service groups and Australian comparison groups. For the purpose of this report, differences are deemed to be statistically significant if CIs do not overlap with 1.0.

Population and suicide monitoring period

133. The population used in this report includes all ADF members who have served at least one day since 1 January 1985. As of 31 December 2021, around 385,000 Australians had served at least one day in the ADF between 1 January 1985 and 31 December 2021. Of these, 368,000 were still alive, comprising 60,000 permanent, 38,700 reserve, and 269,000 ex-serving.
134. *Box 2 in [Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021](#) gives more information on the ADF population used in this report and how it compares to the Australian population. Last year's report was based on ADF members with at least one day of service since 1 January 1985 who died by suicide between 1 January 1997 and 31 December 2020. The current report uses the same ADF cohort, plus the 2021 data.*
135. For more information on the demographics of this population, see the report: [Serving and ex-serving Australian Defence Force members who have served since 1985: population characteristics 2019](#).

ADF suicide deaths in the period 1 January 1985 to 31 December 1996

136. This publication reports 1,677 confirmed suicide deaths that occurred between 1 January 1997 to 31 December 2021 among ADF members who have served at least one day since 1 January 1985.
137. There were also 330 confirmed suicide deaths discovered by analysis of the period 1 January 1985 and 31 December 1996, meaning a total of 2,007 confirmed suicide deaths occurred between 1 January 1985 to 31 December 2021 among ADF members who have served at least one day since 1 January 1985.
138. Confirmed suicide deaths prior to 1997 were not included in this analysis as these are under reported compared to the suicides identified post-1997, due to the quality and completeness of the National Death Index (NDI) dataset, as there are gaps in

identifying data in the NDI which limits the ability to link to Defence personnel data. Therefore, while we are confident that all the confirmed suicides included are true ADF member confirmed suicides, there may be more unlinked and unknown. As such any population study analysis of suicide deaths during this period would be misleading.

139. For completeness, the number of discovered suicides per year 1985–1996 is given below in Table 13.

Table 29 Number of known deaths by suicide by year, ADF service status groups, 1985–1996

Year	Permanent and Reserve	Ex-serving	Total in all ADF service groups ^(a)
1985	<i>n.p.</i>	<i>n.p.</i>	13
1986	<i>n.p.</i>	<i>n.p.</i>	7
1987	<i>n.p.</i>	<i>n.p.</i>	11
1988	<i>n.p.</i>	<i>n.p.</i>	11
1989	9	15	24
1990	7	16	23
1991	11	17	28
1992	11	22	33
1993	14	31	45
1994	8	35	43
1995	9	39	48
1996	13	31	44
Total^(b)	112	218	330

n.p. Not available for publication but included in totals where applicable, unless otherwise indicated. In this case this is a result of low numbers being potentially identifying.

Notes:

a. Consists of deaths by suicide in males and females for permanent, reserve and ex-serving ADF members.

b. Suicide numbers are likely to be under-reported for this period 1985 to 1996 as there are gaps in identifying data in the National Death Index (NDI) which limits the ability to link to Defence personnel data. Therefore, while we are confident that all the confirmed suicides included are true ADF member confirmed suicides, there may be more unlinked and unknown.

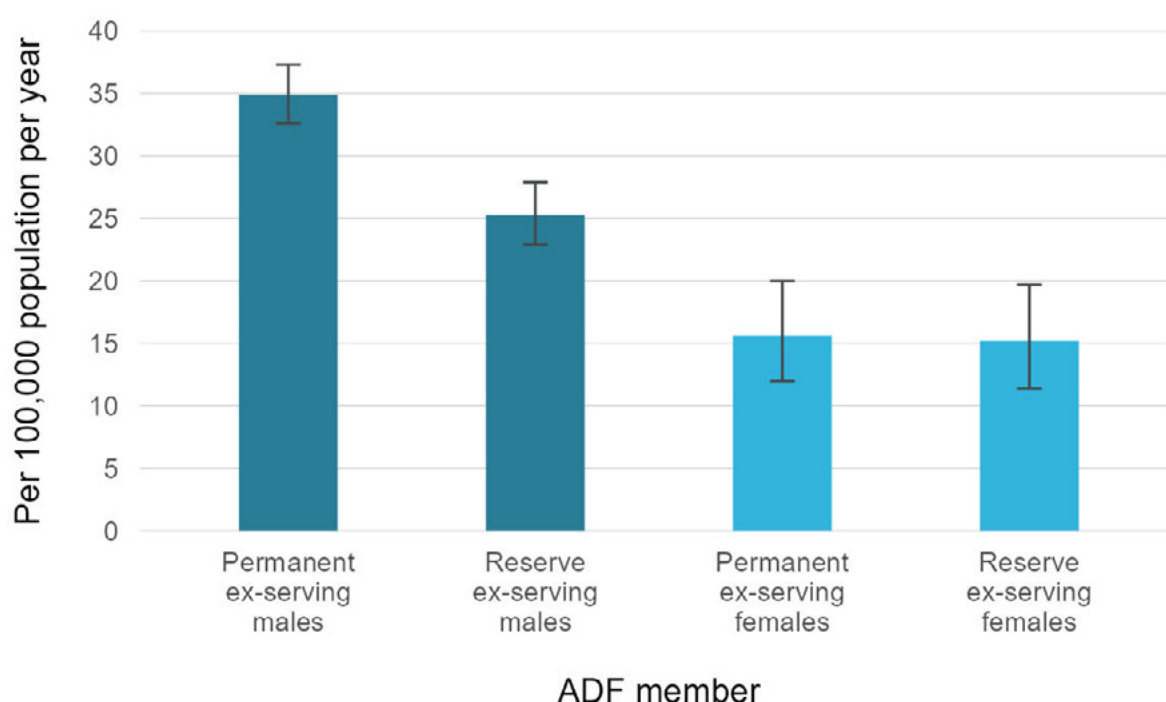
Source: AIHW analysis of linked Defence historical personnel data–PMKeyS–NDI data 1985–2021.

Ex-serving ADF members with permanent service and reserve service

140. Ex-serving ADF members can have either served in the permanent or reserve forces, or a combination of both over their ADF service career. The level of service duties and obligations varies greatly between the two, with permanent forces expected to render higher levels of service than reserves.

141. For this note, ex-serving members who were at any time engaged in permanent service will be considered 'permanent ex-serving', even if they were engaged in reserve service before fully separating. By contrast, those who joined and served solely in a reserve capacity will be considered 'reserve ex-serving'.
142. Between 1997 and 2021 the suicide rates for the ex-serving cohort were:
- 34.9 per 100,000 population per year for permanent ex-serving males
 - 25.3 per 100,000 population per year for reserve ex-serving males
 - 15.6 per 100,000 population per year for permanent ex-serving females
 - 15.2 per 100,000 population per year for reserve ex-serving females.
143. These values are shown in Figure 20 below.

Figure 1 Suicide rates for permanent ex-serving and reserve ex-serving, males and females, 1997–2021



Source: AIHW analysis of linked Defence historical personnel data–PMKeyS–NDI data 1985–2021.

144. This Figure demonstrates that there is a higher suicide rate among permanent ex-serving males compared with reserve ex-serving males. It should be noted that most involuntary medical separations come from the permanent ex-serving cohort, which may explain this difference in rates. There was no corresponding statistically significant difference among the female cohorts.
145. While suggestive of a difference between permanent and reserve service, AIHW keeps these groups aggregated statistically to not further limit an already small study population. As such the ex-serving cohort in the AIHW report *Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021* contains all ex-serving members. For further analysis on the permanent ex-serving cohort including comparisons of suicide rates with the general Australian population and suicide rates by service-related characteristics, see Supplementary tables S8.1 to S8.3 of the AIHW ADF suicide monitoring report.

Limitations in the study population

146. The study population does not include ADF members with service prior to 1 January 1985. The analysis is constrained by technical limitations in Department of Defence systems and information infrastructure for records before 1985.

Rehires

147. In previous years, a complex procedure was used to identify rehires between Defence personnel (PMKeyS) data extracts, and include these individuals in the ex-serving population in the time between re-hires. This was not possible this year, so it may be that the total ex-serving population is slightly underestimated.

Potential disparity due to dates mismatch between study cohort and suicide monitoring

148. The study population used in this report comprises all members with ADF service since 1 January 1985, whereas suicide rates are calculated from 1997 to 2021. This gap between the beginning of the study period (1985) and the monitoring period (1997), means there are suicides from the period 1985 to 1996 that are not captured in this analysis.
149. Therefore, for the ex-serving population, there is potentially a slight bias in the suicide rate towards those who live longer (1997 onwards) for those who have served from 1985. However, the inclusion of the post-1985 cohort allows for a more complete picture of the deaths by suicide post-1997 among more of the ex-serving population. Sensitivity analysis demonstrated that the ex-serving suicide rates from 1997 to 2021 were no different when considering those who have served since 1985 compared to considering only those who have served since 1997.

Grouping of reasons for separation

150. The reason for separation in this report describes the main reason recorded for a person's separating (discharging) from the ADF. Analysis by reason for separation is presented for the following groups:
- Voluntary separation: includes voluntary redundancies and resignations.
 - Involuntary separation: includes personnel deemed unsuitable for further duty for disciplinary, medical and operational reasons. Involuntary separation is further divided into separation for medical reasons, and non-medical involuntary separation (which includes being physically unfit for service, training failure and disciplinary reasons).
 - Contractual/administration: include contractual change and/or changes in Defence personnel system (for example, transitioning of payroll system to PMKeyS introduced from 2001).

Acronyms

Acronym	Term
ABS	Australian Bureau of Statistics
ADF	Australian Defence Force
AIHW	Australian Institute of Health and Welfare
CI	Confidence Interval
DVA	Department of Veterans' Affairs
ICD	International Statistical Classification of Diseases and Related Health Problems
NCIS	National Coronial Information System
NDI	National Death Index
NMD	National Mortality Database
PMKeyS	Personnel Management Key Solutions
SMR	Standardised Mortality Ratio
WHO	World Health Organisation

References

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Data sources

151. The information in this report is based on fact of death information from the National Death Index and cause of death information from the National Mortality Database as well as information on members of the 3 ADF service status groups from Department of Defence payroll systems and DVA client interactions from the Department of Veterans' Affairs administrative systems. The details of these sources are as follows:

- **National Mortality Database (NMD).** Cause of Death Unit Record File data are provided to the AIHW by the Australian Coordinating Registry as compiled by the ABS on behalf of Registrars of Births, Deaths and Marriages. Cause of death and demographic items are coded by the ABS from data originating from the Registrars of Births, Deaths and Marriages and the NCIS (managed by the Victorian Department of Justice and Community Safety). The data are maintained by the AIHW in the NMD. In this study, the NMD is used in the calculation of Australian rates and SMRs, and is the same source of information on cause of death as used in the NDI.
- **National Death Index (NDI).** The NDI is managed by the AIHW and contains person-level records of all deaths in Australia since 1980 obtained from the Registrars of Births, Deaths and Marriage in each state and territory. Its use is confined to data linkage studies approved by the AIHW Ethics Committee for health and medical research. NDI records are supplemented with cause of death information from the NMD. In this study, the NDI is linked with Defence payroll data to create the linked Defence payroll–NDI data set used in analysis of suicide in the ADF population.
- **Department of Defence personnel system data.** The Department of Defence compiled a file of current and historical Defence personnel systems covering ADF members who have served since 1 January 1985. This combines PMKeyS, Core HR system, D1, CENRESPAY (for reservists), ADFPAY (for permanent members) and other historical payment systems. The Department of Defence and AIHW assessed the resulting file for completeness and duplicates. Comparisons were made with records from Department of Defence annual reports and other sources to validate the list. Data from the National Archives was also investigated for its suitability in validation, however as the majority of records are electronic files based on photos of paper records, this was not usable.

Notes

Data quality statement

152. The data quality statement underpinning the NDI can be found at: [National Death Index \(NDI\), Data Quality Statement](#).
153. The data quality statements underpinning the AIHW National Mortality Database can be found in the following Australian Bureau of Statistics (ABS) publications:
- ABS quality declaration summary for [Deaths, Australia methodology, 2021](#)
 - ABS quality declaration summary for [Causes of Death, Australia methodology, 2020](#).
154. For more information on the AIHW National Mortality Database, see [Deaths data at AIHW](#) and the [National Mortality Database](#).

5.2 Causes of death

155. These notes were derived from the article *Serving and ex-serving Australian Defence Force members: Suicide and select causes of death, 1997 to 2021*. Some readers may find parts of this article confronting or distressing as it contains information on methods used for suicide. As such, and in line with the [Mindframe guidelines](#) on responsible and safe suicide and self-harm reporting, access to the report has been limited to individuals from the Australian Government, research bodies, and tertiary education institutions. Requests received from others are unlikely to be approved unless a compelling reason is provided. Please consider your need to read this article. To request access to this article, please email communications@aihw.gov.au and provide the purpose of the access request.

Deaths of despair inclusions

156. ICD-10 codes were drawn from previous research (AIHW 2023) and adapted for the present analysis. The following ICD-10 codes were used: Suicide (X60–X84, Y87.0), alcoholic liver disease (K70), chronic hepatitis and viral hepatitis with alcoholic liver disease or mental and behavioural disorders due to use of alcohol as associated cause of death (K73, B15–B19 with K70 or F10 as an associated factor), fibrosis and cirrhosis of liver (K74), accidental poisoning by and exposure to noxious substances (X40–X45; includes F10–F19 with X40–X45 associated cause for years prior to 2013 due to changes in coding practices), accidental poisoning (solvents, gasses, pesticides) (X46–X49).

Drug-induced deaths revisions process

157. Deaths caused by accidental drug poisoning (X40–X44) and intentional self-harm by mechanism of drug poisoning (X60–X64) are particularly sensitive to the revisions process. Intensive investigations may be required in order to accurately determine the cause and manner of death. Therefore, some key reports may not be available on the NCIS when preliminary coding of these deaths occurs. For example, a drug-induced death where the intent of death was not determined when preliminary coding occurred may later be updated to intentional drug-induced death (i.e., suicide). As investigations progress, more detailed information regarding the context of the death can be captured (ABS 2021b).

Drug and alcohol ICD-10 codes

158. The ICD-10 codes used for drug-induced and related analysis are as follows:
X40–X44, X60–X64, Y10–Y14, D52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11.0–F11.5, F11.7–F11.9, F12.0–F12.5, F12.7–F12.9, F13.0–F13.5, F13.7–F13.9, F14.0–F14.5, F14.7–F14.9, F15.0–F15.5, F15.7–F15.9, F16.0–F16.5, F16.7–F16.9, F17.0, F17.3–F17.5, F17.7–F17.9, F18.0–F18.5, F18.7–F18.9, F19.0–F19.5, F19.7–F19.9, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G62.0, G72.0, I95.2, J70.2, J70.3, J70.4, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R78.1, R78.2, R78.3, R78.4, R78.5.
159. The ICD-10 codes used for alcohol-induced and related analysis are as follows: E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, R78.0, X45, X65, Y15.

Counts of death for associated causes of death

160. Associated causes of death (ACOD) are any diseases or conditions that contributed to the death but were not the underlying cause of death. An individual may have multiple associated causes of death as determined through the coronial and ABS coding processes. For example, an individual may have drowning listed as the underlying cause of death, with alcoholic liver disease and mental and behavioural disorders due to alcohol use as associated causes of death. As each individual can have more than one associated cause of death, the sum of associated causes does not equal to total counts of death.

Intent category ICD-10 codes, Table 1

161. The ICD-10 codes used for unintentional deaths include: W75–W84 (hanging), X47 (poisoning by gas), X40–X44 (poisoning by drugs), X45 (exposure to alcohol), X46, X48–X49 (Exposure to other poisonous substances excluding alcohol, drugs and gas), W32–W34 (firearms), W00–W19 (falls), W25–W29 (contact with sharp object), W65–W70, W73, W74 (drowning and submersion), V00–V99 (transport), X00–X09 (exposure to smoke fire and flame), W20–W64 (excluding W26–W29, W32–W34, W47–W48), W85–W99, X10–X59 (Excluding X40–X49), and Y85–Y86 (other).

162. The ICD–10 codes used for intentional deaths include: X70 (hanging including strangulation), X67 (poisoning by gas), X60 X64 (drug–induced), X65 (alcohol induced), X66, X68–X69 (exposure to other poisonous substances), X72–X74 (firearms), X80 (falls), X78 (contact with sharp object), X71 (drowning and submersion), X82 (transport), X76 (exposure to smoke fire and flame), X75–X84 (excluding X76, X78 and X80 and x82) and Y870 (other).
163. The ICD–10 codes used for undetermined deaths include: Y20 (hanging including strangulation), Y16–Y17 (poisoning by gas), Y10–Y14 (drug–induced), Y15 (alcohol induced), Y18–Y19 (exposure to other poisonous substances), Y22–Y24 (firearms), Y30 (falls), Y28 (contact with sharp object), Y21 (drowning and submersion), Y32 (transport), Y26 (exposure to smoke fire and flame), Y25–Y34 (excluding Y26, Y28 and Y30 and Y32) and Y872 (other).
164. The ICD–10 codes used for other deaths include: all codes included in the alcohol-induced deaths analysis, excluding X45, X65, Y15 (alcohol–induced), all codes included in the drug–induced deaths analysis, excluding X40–X44, X60–X64, Y10–Y14 (drug–induced), Y40–Y84, Y35–Y36, Y88, Y89 (other).

External causes of death ICD-10 codes

165. The ICD–10 codes used for road crashes analysis are as follows: V89, X82, Y32, V01–V09, V10–V19 (excluding fourth character subdivisions .1 and .5), V20–V29 (excluding fourth character subdivisions .1 and .5), V30–V39 (excluding fourth character subdivisions .1 and .6), V40–V49 (excluding fourth character subdivisions .1 and .6), V50–V58 (excluding fourth character subdivisions .1 and .6), V59 (excluding fourth character subdivisions .1 and .5), V60–V68 (excluding fourth character subdivisions .1 and .6), V69 (excluding fourth character subdivisions .1 and .5), V70–V78 (excluding fourth character subdivisions .1 and .6), V79 (excluding fourth character subdivisions .1 and .5).
166. The ICD–10 codes used for drownings and submersion analysis are as follows: W73, W74, W65, W66, W67, W68, W69, W70, X71, Y21.
167. The ICD–10 codes used for smoke, fire and flames analysis are as follows: X00, X01, X02, X03, X04, X05, X06, X08, X09, X76, Y26.
168. The ICD–10 codes used for undetermined intent analysis are as follows: Y10–Y19, Y20, Y21, Y22–Y24, Y25–Y27, Y28, Y29, Y30, Y31, Y32, Y33, Y34, Y87.2.

Acronyms

Acronym	Term
ABS	Australian Bureau of Statistics
ADF	Australian Defence Force
AIHW	Australian Institute of Health and Welfare
CI	Confidence Interval
DVA	Department of Veterans' Affairs
ICD	International Statistical Classification of Diseases and Related Health Problems
NCIS	National Coronial Information System
NDI	National Death Index
NMD	National Mortality Database
PMKeyS	Personnel Management Key Solutions
SMR	Standardised Mortality Ratio

Data sources

169. The information in this report is based on fact of death information from the National Death Index and cause of death information from the National Mortality Database as well as information on members of the 3 ADF service status groups from Department of Defence payroll systems. The details of these sources are as follows:

- **National Mortality Database (NMD).** Cause of Death Unit Record File data are provided to the AIHW by the Australian Coordinating Registry as compiled by the ABS on behalf of Registrars of Births, Deaths and Marriages. Cause of death and demographic items are coded by the ABS from data originating from the Registrars of Births, Deaths and Marriages and the NCIS (managed by the Victorian Department of Justice and Community Safety). The data are maintained by the AIHW in the NMD. In this study, the NMD is used in the calculation of Australian rates and SMRs, and is the same source of information on cause of death as used in the NDI.
- **National Death Index (NDI).** The NDI is managed by the AIHW and contains person-level records of all deaths in Australia since 1980 obtained from the Registrars of Births, Deaths and Marriage in each state and territory. Its use is confined to data linkage studies approved by the AIHW Ethics Committee for health and medical research. NDI records are supplemented with cause of death information from the NMD. In this study, the NDI is linked with Defence payroll data to create the linked Defence payroll–NDI data set used in analysis of suicide in the ADF population.
- **Department of Defence personnel system data.** The Department of Defence compiled a file of current and historical Defence personnel systems covering ADF members who have served since 1 January 1985. This combines PMKeyS, Core

HR system, D1, CENRESPAY (for reservists), ADFPAY (for permanent members) and other historical payment systems. The Department of Defence and AIHW assessed the resulting file for completeness and duplicates. Comparisons were made with records from Department of Defence annual reports and other sources to validate the list. Data from the National Archives was also investigated for its suitability in validation, however as the majority of records are electronic files based on photos of paper records, this was not usable.

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Endnote

- 1 The separation point used in this study reflects full separation from the ADF – that is, when a member is no longer permanent or reserve. For example, a member who transfers from full time service to the reserves is not yet counted as having separated.

Appendix L Defence survey data

1 Introduction

1. Defence conducts a number of surveys of ADF members. These surveys include a range of questions designed to collect data that allows Defence to:
 - monitor member wellbeing across a range of measures
 - support improvements to organisational climate and culture
 - support an understanding of unacceptable behaviour in Defence and development of responses to such behaviour.¹
2. At an enterprise-wide level, Defence conducts:
 - the Defence Census
 - the Workplace Behaviours Survey
 - the YourSay Workplace Experience Survey
 - the YourSay Entry and Exit Surveys
 - the Profile of Unit Leadership Satisfaction and Effectiveness (PULSE) Survey.²
3. The three service arms (Navy, Army and Air Force) also conduct their own surveys. Further information on these surveys can be found in Chapter 29, Use of data and research by Defence and DVA.
4. We issued compulsory notices under the *Royal Commissions Act 1902* (Cth) that required Defence to produce de-identified responses to enterprise-wide surveys, along with the survey instruments and supporting information about the data. We sought this information for surveys conducted between January 2017 and June 2023, with the exception of Defence Census data which is collected every four years and was sought from 2003 onwards.³
5. We intended to use the survey data to better understand the experiences of ADF members, particularly with respect to the experience of unacceptable behaviour, members' perceptions of Defence management of unacceptable behaviour, and the impact on members' wellbeing.
6. Noting the limited time available to us, and the issues we encountered with respect to the production of data by Defence (see Chapter 29), we focused our descriptive analysis on the Workplace Behaviours Survey and the YourSay Workplace Experience Survey. This focus was consistent with our terms of reference, which require us to inquire into ADF culture and its effects on members' wellbeing.⁴ Additionally, by focusing on enterprise-wide surveys (rather than single-service surveys) we were able to examine data across the entire ADF and compare responses across services.

7. The purpose of the Workplace Behaviour Survey is to ‘support an understanding of Unacceptable Behaviour in Defence and [the] development of responses to such behaviour’.⁵ Defence states that the survey is ‘the only enterprise-wide source of data that is open to all respondents who have experienced Unacceptable Behaviour, regardless of whether they have formally reported the experience’, adding that ‘the results provide [them] with an understanding of the nature and scope of unacceptable behaviours’.⁶
8. The purpose of the YourSay Workplace Experience Survey is to ‘guide Defence’s development of a workplace that builds professional and personal wellbeing of the individual, to support a thriving workforce and extend people capability.’⁷ Defence says that, ‘The [YourSay Workplace Experience Survey] provides effective monitoring of the Defence workforce experiences at enterprise, Group and Division levels.’⁸

1.1 Defence disagree with the publication of our work and with acting on its insights

9. We gave Defence opportunities to review and provide comments on our work. We first provided Defence the preliminary output of our analysis. This included information on our analytical approach. Defence provided comments and we considered these in preparing a draft of this appendix.⁹
10. We also engaged with Defence through meeting with its subject matter experts to explain the work and answer questions. We discuss this engagement in Chapter 29, Use of data and research by Defence and DVA.
11. We subsequently provided Defence a draft of this appendix. In developing the final appendix, our approach was to consider Defence’s comments on the draft and incorporate changes to the extent we considered them reasonable.
12. Commenting on the draft, Defence told us it does not support the analysis in this appendix being made public in our report:

... Defence does not consider the draft form of Appendix 2 to be appropriate for publication until that further analysis and research is undertaken (appreciating that this may not be possible within the Commission’s term).¹⁰

13. Defence also told us it is not willing to act on insights available from our analysis.

... In the absence of the Commission providing further information regarding methodology, which has been repeatedly requested by Defence, the outcomes reached and conclusions drawn by the Commission cannot be assessed against a reliable methodology therefore cannot reasonably be acted upon or used to support any further action by Defence. Further work and study founded on an established and support[ed] research methodology would need to be undertaken to action the Commission’s interpretation that is offered in Appendix 2.¹¹

14. Defence provided two reasons as explanation for its position:¹²

- (1) The analysis in this appendix could be 'strengthened' by including analysis of Defence's service-specific surveys.

In response, we note we have already explained above why we focused on enterprise-wide surveys rather than surveys that are specific to Navy, Air Force or Army, and reiterate the key points here. The enterprise wide surveys collect data of particular interest to this Royal Commission including on unacceptable behaviour, along with its impact, responses and perceptions of complaint management and outcomes. This type of data is not available through service-specific surveys.

Additionally, comparing data across all services from these surveys is in our view problematic as the service-specific surveys are not uniform in their methodology. That is, there are differences in who is asked to complete the surveys and what questions they are asked.¹³

- (2) Defence's 'uncertainty' regarding the Commission's approach to analysis. In response, we note we have already explained that we provided Defence with information about our approach and our preliminary output. Defence conducts the surveys, stores and manages the survey data.¹⁴ We analysed data produced to us by Defence and provided Defence information about how our analysis was conducted.¹⁵ Defence generally agreed the data sources and variables used in our analysis of Workplace Behaviours Survey were appropriate. Where Defence disagreed and provided alternate output, such as for the Workplace Experience Survey, we incorporated that into this appendix.¹⁶

15. Defence also asserted a confidentiality claim in respect of all of the data tables within a draft version of this appendix and argued that none of the data tables should be published. The confidentiality claim was advanced on various bases, including that publication of the data in this appendix:

- (a) involves identification risk as well as perception of identification risk,
- (b) would have a negative impact on ADF morale,
- (c) would have a negative impact on ADF recruitment,
- (d) may be misinterpreted due to lack of background information.

16. This claim was the subject of a hearing in ruling by Commissioners. The confidentiality claim was dismissed. The Commissioners formed the view that in the balance between the public interest in the open and transparent operation of a public inquiry such as this Royal Commission, and the protection of privacy of unidentified individuals who volunteered relevant information, the conclusion must be that the open and transparent operation of the Royal Commission is much more significant

17. We disagree with Defence's position and believe our analysis should be published (as we have done here) and its insights acted on.

2 Data considerations

18. The following considerations were raised by Defence in response to our questions about the Workplace Behaviour Survey and YourSay Workplace Experience Survey and we make the following comments about those considerations:

- (1) Survey response rates tend to be low and data may not be representative of all ADF members. For example, since 2020, no more than 15% of those who were invited to complete the Workplace Behaviour Survey responded.¹⁷ The YourSay Workplace Experience Survey invites a representative sample of the Defence workforce to participate in the survey but does not always achieve responses which are representative of ADF members in terms of age, gender and rank.¹⁸

We agree that response rate and representativeness are relevant considerations that readers should consider in interpreting analyses by both Defence and this Royal Commission. We also note that Defence says, of both surveys, 'The enterprise-wide nature of the survey also means there are a large number of responses, supporting robustness of statistical tests used'.¹⁹

- (2) Survey methodology has changed over time, meaning that data may not be comparable. These include changes in questions asked, how unacceptable behaviour is defined, the sampling strategy, and how the surveys have been administered.²⁰

We agree that Defence has made multiple changes to how it conducts its surveys. For example, the Workplace Behaviour Survey was reviewed and redesigned in 2012 and in 2018.²¹ This included changing how unacceptable behaviour was defined and measured preventing comparison with earlier time periods.²² We have therefore chosen to present data from 2018 onwards for this analysis.

We also note that Defence says that changes to the Workplace Behaviour Survey, 'have deliberately been kept minor to maintain the consistency of key data across the duration of the research program'.²³

- (3) The design of the survey and the way Defence define unacceptable behaviour places some limitations on analysis and interpretation of the survey data. The assessment of whether a respondent of the Workplace Behaviour Survey has experienced unacceptable behaviour is determined by Defence based on how respondents answer a number of questions, rather than by the person completing the survey.²⁴ Defence describes this as a 'comprehensive approach' and says it 'provides some robustness to the results by reducing the need for individuals to interpret definitions and self-identify as having experienced Unacceptable Behaviour'.²⁵

While anonymous surveys provide the most reliable method for estimating the prevalence of unacceptable behaviour, and in particular, sexual misconduct, differences in survey methods and measurements can produce widely varying estimates.²⁶ The Australian Human Rights Commission (AHRC) notes the

Workplace Behaviours survey includes a ‘far narrower range of unwelcome sexualised behaviours’ compared to the AHRC survey. The AHRC notes there are ‘at least six behaviours in AHRC survey for which there was no equivalent in the [Defence] Workplace Behaviour survey’.²⁷

- (4) A further consideration is Defence’s emphasis that survey questions asking about ‘the most serious incident’ of unwelcome behaviour (MSI) do not necessarily relate to an instance of unacceptable behaviour.²⁸ These include questions about the impact of the incident, where the incident occurred, the number of instigators, the role of the instigator, whether the respondent made a complaint, and respondents’ perceptions of how the incident was managed.²⁹ Defence say ‘there is no direct connection between unacceptable behaviour indicators for individual participants and the incident they have in mind when they complete the MSI questions’, and ‘as a result, it is important that no direct relationship between the experience of unacceptable behaviour and the results from any MSI variable is reported or implied’.³⁰

While we have included this caveat in our analysis, we note that Defence state that the survey ‘provides valuable insights regarding satisfaction with complaint management and perceptions of how Defence as an organisation handles Unacceptable Behaviour’. It also says that the ‘WBS [Workplace Behaviour Survey] results provide meaningful insights for Defence’s knowledge and understanding of Unacceptable Behaviour and associated issues’.³¹ Defence itself often reports a direct relationship between the experience of unacceptable behaviour and the results from the MSI questions.³² We note that readers should interpret the analysis conducted by both Defence and the Royal Commission with this consideration in mind.

19. The above points are indicative rather than exhaustive and represent what, in our view, are the key considerations to keep in mind when interpreting the data.
20. Notwithstanding these considerations, we consider it appropriate to rely on the analysis of survey data in the manner we have done throughout this report. Until alternative data is available, the surveys are one of the few sources of information about the experiences of current serving members in the ADF. Our confidence in relying on Defence survey data as one source of evidence about the experience of current serving members is informed by the fact that Defence itself has relied on it to inform various strategies, reviews and ministerial briefs.³³ For instance:
 - Analysis of survey data is used throughout Defence, and is provided to senior decision makers. For example, analysis from the YourSay Workplace Experience Survey is used by Defence to inform workplace decisions and to provide insights and recommendations to service chiefs and group heads.³⁴ Results are typically distributed to the Chief of the Defence Force, Vice Chief of the Defence Force, service chiefs, the associate secretary, two first assistant secretaries, and the head of People Capability.³⁵

- Defence's senior leadership group is responsible for using analysis of the YourSay Workplace Experience Survey results to inform policy and change initiatives, if required.³⁶ Defence says the survey is, 'a balance of research and industry best practices in workplace research, and contextual requirements of Defence'.³⁷
 - Defence's analysis of the Workplace Behaviour Survey is distributed to senior Defence decision makers to inform the implementation of interventions, policies and programs.³⁸ Results are typically provided to the Chief of the Defence Force, service chiefs, group heads and 'other relevant authorities as deemed appropriate'.³⁹
 - The Workplace Behaviour Survey was used to inform Defence's cultural reform strategy with results contributing to the reporting for 'Pathway to Change'.⁴⁰ Results from this survey also contribute to data on organisational climate that is used to assess outcomes of cultural reforms.⁴¹
 - Data has been used to support reviews conducted by external bodies. The AHRC worked with Defence in September 2019 to review Defence's mechanisms for collecting and reporting data on workplace behaviours.⁴²
21. Defence says it has trialled different styles of reporting for the YourSay Workplace Experience Survey with 'uneven success'.⁴³ We note that much of the analysis that is presented in this appendix and incorporated throughout our final report examines the data in ways we have not observed from Defence's own reporting.⁴⁴ For example, we have looked specifically at those members who were identified as experiencing unacceptable behaviour and how they might differ from members who did not experience unacceptable behaviour. Lieutenant General Natasha Fox AO CSC observed that the Commission's analysis of Defence survey data was different to anything she had seen previously.⁴⁵ As Lieutenant General Fox noted, '[E]veryone should be looking at the survey data and should be cutting it multiple different ways ... to [find ways to] reduce and prevent unacceptable behaviour'.⁴⁶

3 Data analysis Workplace Behaviour Survey

Table 1a Sample prevalence of unacceptable behaviour – count

This table shows the number of permanent ADF survey respondents and the number who were identified by Defence as having experienced unacceptable behaviour in the previous 12 months.

Count	2018	2019	2020	2021	2022	Mar 23
Yes	1,576	1,627	756	2,588	1,991	1,323
No	3,249	2,852	1,455	4,498	3,310	2,277
Number of valid responses	4,825	4,479	2,211	7,086	5,301	3,600

Table 1b Sample prevalence of unacceptable behaviour – proportion

This table shows the proportion of permanent ADF survey respondents who had experienced unacceptable behaviour in the previous 12 months.

Proportion	2018	2019	2020	2021	2022	Mar 23
Yes	33%	36%	34%	37%	38%	37%
No	67%	64%	66%	63%	62%	63%
Total	100%	100%	100%	100%	100%	100%

Table 2a Sample prevalence of unacceptable behaviour for males – count

This table shows the number of permanent ADF male survey respondents and the number who had experienced unacceptable behaviour in the previous 12 months.

Count	2018	2019	2020	2021	2022	Mar 23
Yes	1,032	1,126	487	1,739	1,321	880
No	2,620	2,351	1,214	3,758	2,714	1,846
Number of valid responses	3,652	3,477	1,701	5,497	4,035	2,726

Table 2b Sample prevalence of unacceptable behaviour for males – proportion

This table shows the proportion of permanent ADF male survey respondents who had experienced unacceptable behaviour in the previous 12 months.

Proportion	2018	2019	2020	2021	2022	Mar 23
Yes	28%	32%	29%	32%	33%	32%
No	72%	68%	71%	68%	67%	68%
Total	100%	100%	100%	100%	100%	100%

Table 3a Sample prevalence of unacceptable behaviour for females – count

This table shows the number of permanent ADF female survey respondents and the number who had experienced unacceptable behaviour in the previous 12 months.

Count	2018	2019	2020	2021	2022	Mar 23
Yes	476	450	254	778	619	415
No	543	454	227	697	563	399
Number of valid responses	1,019	904	481	1,475	1,182	814

Table 3b Sample prevalence of unacceptable behaviour for females – proportion

This table shows the proportion of permanent ADF female survey respondents who had experienced unacceptable behaviour in the previous 12 months.

Proportion	2018	2019	2020	2021	2022	Mar 23
Yes	47%	50%	53%	53%	52%	51%
No	53%	50%	47%	47%	48%	49%
Total	100%	100%	100%	100%	100%	100%

Notes for Tables 1a to Table 3b:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. These tables refer to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.
3. The unacceptable behaviour indicator considers participant responses to 37 unwelcome behaviours, as well as the frequency and the context in which those behaviours were experienced.
4. The unit of reporting is persons, not incidents or events. The figures provide the number and proportion of survey respondents who were identified as experiencing unacceptable behaviour, rather than the number of incidents.
5. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey.
6. The sum of males and females may not add to total respondents. Responses other than male/female are too small to report on and some survey respondents did not provide an answer at gender.
7. Source: Defence Workplace Behaviours Survey data 2018 to March 2023. The data for 'March 2023' is only from the March 2023 administration of the WBS. It does not contain the data for the entire year.
8. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 4a Sample prevalence of unacceptable behaviour by age – count

This table shows the number of permanent ADF survey respondents and the number who had experienced unacceptable behaviour in the previous 12 months, for those aged 17–30, 31–45, and 46–60 years.

Count	2018	2019	2020	2021	2022
17–30 years					
Yes	475	450	199	662	476
No	665	482	216	676	510
Number of valid responses	1,140	932	415	1,338	986

Count	2018	2019	2020	2021	2022
31–45 years					
Yes	722	728	330	1,167	912
No	1,423	1,186	589	1,868	1,342
Number of valid responses	2,145	1,914	919	3,035	2,254
46–60 years					
Yes	378	407	208	652	489
No	1,159	1,099	619	1,783	1,318
Number of valid responses	1,537	1,506	827	2,435	1,807

Table 4b Sample prevalence of unacceptable behaviour by age – proportion

This table shows the proportion of permanent ADF survey respondents who had experienced unacceptable behaviour in the previous 12 months, for those aged 17–30, 31–45, and 46–60 years.

Proportion	2018	2019	2020	2021	2022
17–30 years					
Yes	42%	48%	48%	49%	48%
No	58%	52%	52%	51%	52%
Total	100%	100%	100%	100%	100%
31–45 years					
Yes	34%	38%	36%	38%	40%
No	66%	62%	64%	62%	60%
Total	100%	100%	100%	100%	100%
46–60 years					
Yes	25%	27%	25%	27%	27%
No	75%	73%	75%	73%	73%
Total	100%	100%	100%	100%	100%

Notes for Tables 4a and 4b:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. These tables refer to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.

3. The unacceptable behaviour indicator considers participant responses to 37 unwelcome behaviours, as well as the frequency and the context in which those behaviours were experienced.
4. The unit of reporting is persons, not incidents or events. The figures provide the number and proportion of survey respondents who were identified as having experienced unacceptable behaviour, rather than the number of incidents.
5. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey.
6. The sum of age groups may not add to total respondents due to some survey respondents not providing an answer at age.
7. Source: Defence Workplace Behaviours Survey data 2018 to March 2023. Data from 2023 was not reported due to change in the way age data was captured.
8. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 5a Sample prevalence of unacceptable behaviour by age for males – count

This table shows the number of permanent ADF male survey respondents and the number who had experienced unacceptable behaviour in the previous 12 months, for those aged 17–30, 31–45, and 46–60 years.

Count	2018	2019	2020	2021	2022
17–30 years					
Yes	253	253	90	353	247
No	453	374	161	495	348
Number of valid responses	706	627	251	848	595
31–45 years					
Yes	495	514	218	790	614
No	1,150	949	480	1,524	1,085
Number of valid responses	1,645	1,463	698	2,314	1,699
46–60 years					
Yes	284	325	168	514	387
No	1,017	958	550	1,588	1,162
Number of valid responses	1,301	1,283	718	2,102	1,549

Table 5b Sample prevalence of unacceptable behaviour by age for males – proportion

This table shows the proportion of permanent ADF male survey respondents who had experienced unacceptable behaviour in the previous 12 months, for those aged 17–30, 31–45, and 46–60 years.

Proportion	2018	2019	2020	2021	2022
17–30 years					
Yes	36%	40%	36%	42%	42%
No	64%	60%	64%	58%	58%
Total	100%	100%	100%	100%	100%
31–45 years					
Yes	30%	35%	31%	34%	36%
No	70%	65%	69%	66%	64%
Total	100%	100%	100%	100%	100%
46–60 years					
Yes	22%	25%	23%	24%	25%
No	78%	75%	77%	76%	75%
Total	100%	100%	100%	100%	100%

Table 6a Sample prevalence of unacceptable behaviour by age for females – count

This table shows the number of permanent ADF female survey respondents and the number who had experienced unacceptable behaviour in the previous 12 months, for those aged 17–30, 31–45, and 46–60 years.

Count	2018	2019	2020	2021	2022
17–30 years					
Yes	196	189	109	288	215
No	189	100	52	176	155
Number of valid responses	385	289	161	464	370
31–45 years					
Yes	197	187	102	346	272
No	235	218	104	321	239
Number of valid responses	432	405	206	667	511

Count	2018	2019	2020	2021	2022
46–60 years					
Yes	83	67	37	121	95
No	119	124	64	182	149
Number of valid responses	202	191	101	303	244

Table 6b Sample prevalence of unacceptable behaviour by age for females – proportion

This table shows the proportion of permanent ADF female survey respondents who had experienced unacceptable behaviour in the previous 12 months, for those aged 17–30, 31–45, and 46–60 years.

Proportion	2018	2019	2020	2021	2022
17–30 years					
Yes	51%	65%	68%	62%	58%
No	49%	35%	32%	38%	42%
Total	100%	100%	100%	100%	100%
31–45 years					
Yes	46%	46%	50%	52%	53%
No	54%	54%	50%	48%	47%
Total	100%	100%	100%	100%	100%
46–60 years					
Yes	41%	35%	37%	40%	39%
No	59%	65%	63%	60%	61%
Total	100%	100%	100%	100%	100%

Notes for Tables 5a, 5b, 6a and 6b:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. These tables refer to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.
3. The unacceptable behaviour indicator considers participant responses to 37 unwelcome behaviours, as well as the frequency and the context in which those behaviours were experienced.
4. The unit of reporting is persons, not incidents or events. The figures provide the number and proportion of survey respondents who were identified as having experienced unacceptable behaviour, rather than the number of incidents.

5. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey.

6. Total of age groups may not add to total respondents due to some survey respondents not providing an answer at age. The sum of males and females may not add to total respondents. Responses other than male/female are too small to report on and some survey respondents did not provide an answer at gender.

7. Source: Defence Workplace Behaviours Survey data 2018 to March 2023. Data from 2023 was not reported due to change in the way age data was captured.

8. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 7a Sample prevalence of unacceptable behaviour by service – count

This table shows the number of permanent ADF survey respondents and the number in the Navy, the Army and the Air Force who had experienced unacceptable behaviour in the previous 12 months.

Count	2018	2019	2020	2021	2022	Mar 23
Navy						
Yes	413	445	223	744	553	354
No	733	697	383	1,127	737	485
Number of valid responses	1,146	1,142	606	1,871	1,290	839
Army						
Yes	666	629	280	1,015	749	471
No	1,327	1,117	541	1,721	1,252	834
Number of valid responses	1,993	1,746	821	2,736	2,001	1,305
Air Force						
Yes	497	553	253	829	689	498
No	1,189	1,038	531	1,650	1,321	958
Number of valid responses	1,686	1,591	784	2,479	2,010	1,456

Table 7b Sample prevalence of unacceptable behaviour by service – proportion

This table shows the proportion of permanent ADF survey respondents in the Navy, the Army and the Air Force who had experienced unacceptable behaviour in the previous 12 months.

Proportion	2018	2019	2020	2021	2022	Mar 23
Navy						
Yes	36%	39%	37%	40%	43%	42%
No	64%	61%	63%	60%	57%	58%
Total	100%	100%	100%	100%	100%	100%
Army						
Yes	33%	36%	34%	37%	37%	36%
No	67%	64%	66%	63%	63%	64%
Total	100%	100%	100%	100%	100%	100%
Air Force						
Yes	29%	35%	32%	33%	34%	34%
No	71%	65%	68%	67%	66%	66%
Total	100%	100%	100%	100%	100%	100%

Notes for Table 7a and 7b:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. These tables refer to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.
3. The unacceptable behaviour indicator considers participant responses to 37 unwelcome behaviours, as well as the frequency and the context in which those behaviours were experienced.
4. The unit of reporting is persons, not incidents or events. The figures provide the number and proportion of survey respondents who were identified as having experienced unacceptable behaviour, rather than the number of incidents.
5. To maintain consistency with defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey.
- 6 Source: Defence Workplace Behaviours Survey data 2018 to March 2023. The data for 'March 2023' is only from the march 2023 administration of the WBS. It does not contain the data for the entire year.
7. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 8a Sample prevalence of unacceptable behaviour by service for males – count

This table shows the number of permanent ADF male survey respondents and the number in the Navy, the Army and the Air Force who had experienced unacceptable behaviour in the previous 12 months.

Count	2018	2019	2020	2021	2022	Mar 23
Navy						
Yes	276	298	132	497	360	227
No	598	584	317	936	606	393
Number of valid responses	874	882	449	1,433	966	620
Army						
Yes	456	469	197	737	548	343
No	1,108	958	462	1,506	1,081	711
Number of valid responses	1,564	1,427	659	2,243	1,629	1,054
Air Force						
Yes	300	359	158	505	413	310
No	914	809	435	1,316	1,027	742
Number of valid responses	1,214	1,168	593	1,821	1,440	1,052

Table 8b Sample prevalence of unacceptable behaviour by service for males – proportion

This table shows the proportion of permanent ADF male survey respondents in the Navy, the Army and the Air Force who had experienced unacceptable behaviour in the previous 12 months.

Proportion	2018	2019	2020	2021	2022	Mar 23
Navy						
Yes	32%	34%	29%	35%	37%	37%
No	68%	66%	71%	65%	63%	63%
Total	100%	100%	100%	100%	100%	100%
Army						
Yes	29%	33%	30%	33%	34%	33%
No	71%	67%	70%	67%	66%	67%
Total	100%	100%	100%	100%	100%	100%

Proportion	2018	2019	2020	2021	2022	Mar 23
Air Force						
Yes	25%	31%	27%	28%	29%	29%
No	75%	69%	73%	72%	71%	71%
Total	100%	100%	100%	100%	100%	100%

Table 9a Sample prevalence of unacceptable behaviour by service for females – count

This table shows the number of permanent ADF female survey respondents and the number in the Navy, the Army and the Air Force who had experienced unacceptable behaviour in the previous 12 months.

Count	2018	2019	2020	2021	2022	Mar 23
Navy						
Yes	120	139	88	228	178	122
No	119	102	63	182	126	87
Number of valid responses	239	241	151	410	304	209
Army						
Yes	180	148	80	255	188	117
No	182	141	74	204	156	110
Number of valid responses	362	289	154	459	344	227
Air Force						
Yes	176	163	86	295	253	176
No	242	211	90	311	281	202
Number of valid responses	418	374	176	606	534	378

Table 9b Sample prevalence of unacceptable behaviour by service for females – proportion

This table shows the proportion of permanent ADF female survey respondents in the Navy, the Army and the Air Force who had experienced unacceptable behaviour in the previous 12 months.

Proportion	2018	2019	2020	2021	2022	Mar 23
Navy						
Yes	50%	58%	58%	56%	59%	58%
No	50%	42%	42%	44%	41%	42%
Total	100%	100%	100%	100%	100%	100%
Army						
Yes	50%	51%	52%	56%	55%	52%
No	50%	49%	48%	44%	45%	48%
Total	100%	100%	100%	100%	100%	100%
Air Force						
Yes	42%	44%	49%	49%	47%	47%
No	58%	56%	51%	51%	53%	53%
Total	100%	100%	100%	100%	100%	100%

Notes for Tables 8a, 8b, 9a and 9b:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. These tables refer to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.
3. The unacceptable behaviour indicator considers participant responses to 37 unwelcome behaviours, as well as the frequency and the context in which those behaviours were experienced.
4. The unit of reporting is persons, not incidents or events. The figures provide the number and proportion of survey respondents who were identified as having experienced unacceptable behaviour, rather than the number of incidents.
5. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey.
6. The sum of males and females may not add to total respondents. Responses other than male/female are too small to report on and some survey respondents did not provide an answer at gender.
7. Source: Defence Workplace Behaviours Survey data 2018 to March 2023. The data for 'March 2023' is only from the March 2023 administration of the WBS. It does not contain the data for the entire year.
8. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 10a Sample prevalence of subtypes of unacceptable behaviour – count

This table shows the number of permanent ADF survey respondents and the number who had experienced different subtypes of unacceptable behaviour in the previous 12 months.

Count	2018	2019	2020	2021	2022	Mar 23
Sexual misconduct						
Yes	232	230	105	420	269	185
No	4,593	4,249	2,106	6,666	5,032	3,415
Number of valid responses	4,825	4,479	2,211	7,086	5,301	3,600
Bullying						
Yes	680	715	348	1,179	950	608
No	4,145	3,764	1,863	5,907	4,351	2,992
Number of valid responses	4,825	4,479	2,211	7,086	5,301	3,600
Harassment (non-sexual)						
Yes	1,099	1,192	562	1,886	1,441	990
No	3,726	3,287	1,649	5,200	3,860	2,610
Number of valid responses	4,825	4,479	2,211	7,086	5,301	3,600
Sexual harassment						
Yes	76	98	43	150	90	70
No	4,749	4,381	2,168	6,936	5,211	3,530
Number of valid responses	4,825	4,479	2,211	7,086	5,301	3,600
Abuse of power						
Yes	376	388	178	640	505	357
No	4,449	4,091	2,033	6,446	4,796	3,243
Number of valid responses	4,825	4,479	2,211	7,086	5,301	3,600
Sexual assault or attempted sexual assault						
Yes	12	15	5	20	11	12
No	4,813	4,464	2,206	7,066	5,290	3,588
Number of valid responses	4,825	4,479	2,211	7,086	5,301	3,600

Table 10b Sample prevalence of subtypes of unacceptable behaviour – proportion

This table shows the proportion of permanent ADF survey respondents who had experienced different subtypes of unacceptable behaviour in the previous 12 months.

Proportion	2018	2019	2020	2021	2022	Mar 23
Sexual misconduct						
Yes	5%	5%	5%	6%	5%	5%
No	95%	95%	95%	94%	95%	95%
Total	100%	100%	100%	100%	100%	100%
Bullying						
Yes	14%	16%	16%	17%	18%	17%
No	86%	84%	84%	83%	82%	83%
Total	100%	100%	100%	100%	100%	100%
Harassment (non-sexual)						
Yes	23%	27%	25%	27%	27%	28%
No	77%	73%	75%	73%	73%	73%
Total	100%	100%	100%	100%	100%	100%
Sexual harassment						
Yes	2%	2%	2%	2%	2%	2%
No	98%	98%	98%	98%	98%	98%
Total	100%	100%	100%	100%	100%	100%
Abuse of power						
Yes	8%	9%	8%	9%	10%	10%
No	92%	91%	92%	91%	90%	90%
Total	100%	100%	100%	100%	100%	100%
Sexual assault or attempted sexual assault						
Yes	0.2%	0.3%	0.2%	0.3%	0.2%	0.3%
No	99.8%	99.7%	99.8%	99.7%	99.8%	99.7%
Total	100%	100%	100%	100%	100%	100%

Notes for Tables 10a and 10b:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. These tables refer to survey respondents who were identified by Defence as having experienced subtypes of unacceptable behaviour. The subtype indicators of unacceptable behaviour consider participant responses to relevant unwelcome behaviours, as well as the frequency and the context in which those behaviours were experienced.
3. The sexual misconduct indicator considers participant responses to four criminal behaviour survey items and eight unwelcome behaviour items. The method assigns the experience of sexual misconduct to respondents who experience any of the criminal behaviours or who experience less serious behaviours at frequencies that exceed the specified thresholds.
4. The unit of reporting is persons, not incidents or events. The figures provide the number and proportion of survey respondents who were identified as having experienced subtypes of unacceptable behaviour, rather than the number of incidents.
5. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey.
6. Source: Defence Workplace Behaviours Survey data 2018 to March 2023. The data for 'March 2023' is only from the March 2023 administration of the survey. It does not contain the data for the entire year.
7. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 11 Sample prevalence of subtypes of unacceptable behaviour for males – proportion

This table shows the proportion of permanent ADF male survey respondents who had experienced different subtypes of unacceptable behaviour in the previous 12 months.

Proportion	2018	2019	2020	2021	2022	Mar 23
Sexual misconduct						
Yes	3%	3%	2%	3%	3%	3%
No	97%	97%	98%	97%	97%	97%
Total	100%	100%	100%	100%	100%	100%
Bullying						
Yes	11%	13%	12%	14%	15%	14%
No	89%	87%	88%	86%	85%	86%
Total	100%	100%	100%	100%	100%	100%
Harassment (non-sexual)						
Yes	19%	23%	21%	23%	23%	24%
No	81%	77%	79%	77%	77%	76%
Total	100%	100%	100%	100%	100%	100%

Proportion	2018	2019	2020	2021	2022	Mar 23
Sexual harassment						
Yes	1%	1%	0%	1%	1%	1%
No	99%	99%	100%	99%	99%	99%
Total	100%	100%	100%	100%	100%	100%
Abuse of power						
Yes	7%	8%	7%	8%	9%	8%
No	93%	92%	93%	92%	91%	92%
Total	100%	100%	100%	100%	100%	100%
Sexual assault or attempted sexual assault						
Yes	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%
No	99.9%	99.9%	100%	100%	100%	99.9%
Total	100%	100%	100%	100%	100%	100%

Table 12 Sample prevalence of subtypes of unacceptable behaviour for females – proportion

This table shows the proportion of permanent ADF female survey respondents who had experienced different subtypes of unacceptable behaviour in the previous 12 months.

Proportion	2018	2019	2020	2021	2022	Mar 23
Sexual misconduct						
Yes	12%	13%	14%	15%	12%	12%
No	88%	87%	86%	85%	88%	88%
Total	100%	100%	100%	100%	100%	100%
Bullying						
Yes	24%	25%	28%	27%	27%	25%
No	76%	75%	72%	73%	73%	75%
Total	100%	100%	100%	100%	100%	100%

Proportion	2018	2019	2020	2021	2022	Mar 23
Harassment (non-sexual)						
Yes	34%	38%	41%	39%	39%	39%
No	66%	62%	59%	61%	61%	61%
Total	100%	100%	100%	100%	100%	100%
Sexual harassment						
Yes	5%	7%	7%	7%	4%	4%
No	95%	93%	93%	93%	96%	96%
Total	100%	100%	100%	100%	100%	100%
Abuse of power						
Yes	11%	13%	13%	12%	12%	15%
No	89%	87%	87%	88%	88%	85%
Total	100%	100%	100%	100%	100%	100%
Sexual assault or attempted sexual assault						
Yes	0.9%	1.3%	1.0%	1.3%	0.9%	0.9%
No	99.1%	98.7%	99.0%	98.7%	99.1%	99.1%
Total	100%	100%	100%	100%	100%	100%

Notes for Tables 11 and 12:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. These tables refer to survey respondents who were identified by Defence as having experienced subtypes of unacceptable behaviour. The subtype indicators of unacceptable behaviour consider participant responses to relevant unwelcome behaviours, as well as the frequency and the context in which those behaviours were experienced.
3. The sexual misconduct indicator considers participant responses to four criminal behaviour survey items and eight unwelcome behaviour items. The method assigns the experience of sexual misconduct to respondents who experience any of the criminal behaviours or who experience less serious behaviours at frequencies that exceed the specified thresholds.
4. The unit of reporting is persons, not incidents or events. The figures provide the number and proportion of survey respondents who were identified as having experienced subtypes of unacceptable behaviour, rather than the number of incidents.
5. Figures denoted with 'np' have a respondent sample size fewer than 30. These are not considered suitable for publication.
6. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey.

7. The sum of males and females may not add to total respondents. Responses other than male/female are too small to report on and some survey respondents did not provide an answer at gender.

8. Source: Defence Workplace Behaviours Survey data 2018 to March 2023, The data for 'March 2023' is only from the March 2023 administration of the survey. It does not contain the data for the entire year.

9. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 13a Action taken in response to most serious incident – count

This table shows the number of survey respondents, if any, who indicated they had taken action in response to the most serious incident of unwelcome behaviour in the previous 12 months, and what that action was.

Count	2018	2019	2020	2021	2022	Mar 23
Made a complaint about unacceptable behaviour	396	371	178	637	459	327
Supervisor dealt with / self-managed	258	367	180	435	324	229
Sought advice only	280	242	128	394	353	241
Did not seek advice or make a complaint	415	320	125	698	508	303
Number of valid responses	1,349	1,300	611	2,164	1,644	1,100

Table 13b Action taken in response to most serious incident – proportion

This table shows the proportion of survey respondents, if any, who indicated they had taken action in response to the most serious incident of unwelcome behaviour in the previous 12 months, and what that action was.

Proportion	2018	2019	2020	2021	2022	Mar 23
Made a complaint about unacceptable behaviour	29%	29%	29%	29%	28%	30%
Supervisor dealt with / self-managed	19%	28%	29%	20%	20%	21%
Sought advice only	21%	19%	21%	18%	21%	22%
Did not seek advice or make a complaint	31%	25%	20%	32%	31%	28%
Total	100%	100%	100%	100%	100%	100%

Notes for Tables 13a and 13b:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. These tables refer to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.

3. This analysis examines the most serious incident of unwelcome behaviour experienced by survey respondents. Owing to the survey design and methodology, the 'most serious incident' does not necessarily reflect an experience of what Defence considers to be unacceptable behaviour.

4. 'Action taken' following the most serious incident is based on participant responses to six different survey items. Participants are assigned into one response category based on how they have responded to different combinations of the six survey items.

5. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey. Not all participants responded to all questions. Figures do not include participants who did not provide a response or were not shown the question.

6. Source: Defence Workplace Behaviours Survey data 2018 to March 2023. The data for 'March 2023' is only from the March 2023 administration of the WBS. It does not contain the data for the entire year.

7. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 14 Complaint channel – proportion

This table shows the proportion of permanent ADF survey respondents who reported to particular persons or agencies, for those who indicated that they took action and made a complaint about the most serious incident of unwelcome behaviour.

Proportion	2018	2019	2020	2021	2022	Mar 23
My immediate commander / supervisor / instructor	71%	65%	57%	64%	62%	69%
Other Authorised Officer	36%	39%	40%	40%	41%	36%
Military Police	5%	4%	6%	3%	4%	4%
Public Interest Disclosure Scheme (PIDS)	1%	1%	2%	1%	0%	1%
An agency external to Defence	3%	4%	2%	3%	4%	3%
Other	12%	16%	16%	16%	18%	17%

Notes for Table 14:

1. Analysis includes permanent ADF members and does not include trainees or reservists.

2. This table refers to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.

3. This analysis examines the most serious incident of unwelcome behaviour experienced by survey respondents. Owing to the survey design and methodology, the 'most serious incident' does not necessarily reflect an experience of what Defence considers to be unacceptable behaviour.

4. This table presents data on the complaint channel used by survey respondents who made a complaint about the most serious incident of unwelcome behaviour. Figures may add to over 100% as survey respondents may have reported the incident through multiple channels.

5. Figures denoted with 'np' have a respondent sample size fewer than 30. These are not considered suitable for publication.

6. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey. Not all participants responded to all questions. Figures do not include participants who did not provide a response or were not shown the question.

7. Source: Defence Workplace Behaviours Survey data 2018 to March 2023. The data for 'March 2023' is only from the March 2023 administration of the WBS. It does not contain the data for the entire year.

8. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 15 Perceptions of the management of formal complaints – proportion

This table shows perceptions relating to the management and outcome of complaints made by permanent ADF survey respondents, where respondents indicated that they took action and made a complaint about the most serious incident of unwelcome behaviour. The table shows the proportion of respondents who indicated satisfaction according to a five-point scale, ranging from 'not at all' to 'to a large extent' (or don't know).

Proportion	2018	2019	2020	2021	2022	Mar 23
My complaint was taken seriously						
Not at all / To a small extent / To some extent	56%	58%	55%	52%	50%	55%
More often than not / To a large extent	42%	39%	40%	45%	47%	45%
Don't know	3%	3%	5%	4%	3%	0%
Total	100%	100%	100%	100%	100%	100%
The person(s) managing the complaint had sufficient knowledge of how to manage complaints						
Not at all / To a small extent / To some extent	40%	42%	36%	38%	36%	36%
More often than not / To a large extent	52%	50%	55%	55%	55%	58%
Don't know	8%	8%	8%	7%	8%	5%
Total	100%	100%	100%	100%	100%	100%
I was kept informed throughout the complaint process						
Not at all / To a small extent / To some extent	65%	66%	68%	67%	64%	67%
More often than not / To a large extent	30%	28%	26%	27%	30%	29%
Don't know	6%	6%	6%	6%	6%	4%
Total	100%	100%	100%	100%	100%	100%

Proportion	2018	2019	2020	2021	2022	Mar 23
My complaint was resolved in a reasonable amount of time						
Not at all / To a small extent / To some extent	67%	64%	73%	69%	65%	68%
More often than not / To a large extent	23%	24%	19%	20%	24%	21%
Don't know	10%	12%	9%	12%	11%	11%
Total	100%	100%	100%	100%	100%	100%
All things considered, the outcome seemed fair						
Not at all / To a small extent / To some extent	73%	72%	72%	73%	71%	72%
More often than not / To a large extent	14%	16%	13%	14%	15%	16%
Don't know	13%	11%	15%	13%	13%	12%
Total	100%	100%	100%	100%	100%	100%

Notes for Table 15:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. This table refers to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.
3. This analysis examines the most serious incident of unwelcome behaviour experienced by survey respondents. Owing to the survey design and methodology, the 'most serious incident' does not necessarily reflect an experience of what Defence considers to be unacceptable behaviour.
4. The table presents data on survey respondents' perceptions of how their complaint was managed, in instances where they had made a complaint about the most serious incident of unwelcome behaviour.
5. Figures denoted with 'np' have a respondent sample size fewer than 30. These are not considered suitable for publication.
6. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey. Not all participants responded to all questions. Figures do not include participants who did not provide a response or were not shown the question.
7. Source: Defence Workplace Behaviours Survey data 2018 to March 2023, The data for 'March 2023' is only from the March 2023 administration of the WBS. It does not contain the data for the entire year.
8. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 16 Perceptions of how a complaint was managed where the instigator of the behaviour was in a more senior position to the victim – proportion

This table shows perceptions relating to the management and outcome of complaints made by permanent ADF survey respondents, where respondents indicated that they took action and made a complaint about the most serious incident of unwelcome behaviour. The table only shows data for incidents where the instigator of the behaviour was in a more senior position than the victim. The table shows the proportion of respondents indicated satisfaction according to a five-point scale, ranging from 'not at all' to 'to a large extent' (or don't know).

Proportion	2018	2019	2020	2021	2022	Mar 23
I was kept informed throughout the complaint process						
Not at all / To a small extent / To some extent	72%	70%	71%	73%	69%	70%
More often than not / To a large extent	23%	25%	21%	20%	26%	27%
Don't know	6%	5%	8%	7%	5%	3%
Total	100%	100%	100%	100%	100%	100%
My complaint was resolved in a reasonable amount of time						
Not at all / To a small extent / To some extent	70%	67%	71%	74%	67%	71%
More often than not / To a large extent	21%	22%	19%	15%	21%	19%
Don't know	9%	11%	10%	11%	12%	11%
Total	100%	100%	100%	100%	100%	100%
All things considered, the outcome seemed fair						
Not at all / To a small extent / To some extent	78%	77%	70%	78%	75%	74%
More often than not / To a large extent	9%	13%	14%	10%	11%	14%
Don't know	13%	11%	16%	12%	13%	12%
Total	100%	100%	100%	100%	100%	100%

Table 17 Perceptions of how a complaint was managed where the instigator of the behaviour was *not* in a more senior position to the victim – proportion

This table shows perceptions relating to the management and outcome of complaints made by permanent ADF survey respondents, where respondents indicated that they took action and made a complaint about the most serious incident of unwelcome behaviour. The table only shows data for incidents where the instigator of the behaviour was *not* in a more senior position than the victim. The table shows the proportion of respondents indicated satisfaction according to a five-point scale, ranging from ‘not at all’ to ‘to a large extent’ (or don’t know).

Proportion	2018	2019	2020	2021	2022	Mar 23
I was kept informed throughout the complaint process						
Not at all / To a small extent / To some extent	56%	59%	62%	55%	53%	61%
More often than not / To a large extent	40%	33%	35%	41%	40%	32%
Don’t know	4%	8%	4%	4%	7%	7%
Total	100%	100%	100%	100%	100%	100%
My complaint was resolved in a reasonable amount of time						
Not at all / To a small extent / To some extent	62%	57%	77%	57%	62%	66%
More often than not / To a large extent	28%	28%	19%	30%	30%	22%
Don’t know	10%	15%	4%	13%	9%	12%
Total	100%	100%	100%	100%	100%	100%
All things considered, the outcome seemed fair						
Not at all / To a small extent / To some extent	67%	66%	77%	63%	65%	71%
More often than not / To a large extent	21%	22%	12%	23%	22%	16%
Don’t know	12%	13%	12%	14%	14%	13%
Total	100%	100%	100%	100%	100%	100%

Notes for Tables 16 and 17:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. These tables refer to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.
3. This analysis examines the most serious incident of unwelcome behaviour experienced by survey respondents. Owing to the survey design and methodology, the ‘most serious incident’ does not necessarily reflect an experience of what Defence considers to be unacceptable behaviour.

4. The tables present data on survey respondents' perceptions of how their complaint was managed, in instances where they had made a complaint about the most serious incident of unwelcome behaviour.

5. Figures denoted with 'np' have a respondent sample size fewer than 30. These are not considered suitable for publication.

6. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey. Not all participants responded to all questions. Figures do not include participants who did not provide a response or were not shown the question.

7. Source: Defence Workplace Behaviours Survey data 2018 to March 2023, The data for 'March 2023' is only from the March 2023 administration of the WBS. It does not contain the data for the entire year.

8. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 18a Impact on respondent: 'I felt intimidated or unsafe' – count

Permanent ADF survey respondents who had experienced unacceptable behaviour were asked about the impact of the most serious incident of unwelcome behaviour on them personally. This table shows the number of respondents who reported feeling intimidated or unsafe on a five-point scale, ranging from 'not at all' to 'extremely'.

Count	2018	2019	2020	2021	2022	Mar 23
I felt intimidated or unsafe						
Not at all	579	694	293	1000	739	511
A little	277	269	126	436	321	227
Moderately	182	207	99	293	234	166
Very	144	136	93	231	194	136
Extremely	111	89	37	165	144	81
Number of valid responses	1,293	1,395	648	2,125	1,632	1,121

Table 18b Impact on respondent: 'I felt intimidated or unsafe' – proportion

Permanent ADF survey respondents who had experienced unacceptable behaviour were asked about the impact of the most serious incident of unwelcome behaviour on them personally. This table shows the proportion of respondents who reported feeling intimidated or unsafe on a five-point scale, ranging from 'not at all' to 'extremely'.

Proportion	2018	2019	2020	2021	2022	Mar 23
I felt intimidated or unsafe						
Not at all	45%	50%	45%	47%	45%	46%
A little	21%	19%	19%	21%	20%	20%
Moderately	14%	15%	15%	14%	14%	15%
Very	11%	10%	14%	11%	12%	12%
Extremely	9%	6%	6%	8%	9%	7%
Total	100%	100%	100%	100%	100%	100%

Table 19a Impact on respondent: 'It had a negative impact on my mental health' – count

Permanent ADF survey respondents who had experienced unacceptable behaviour were asked about the impact of the most serious incident of unwelcome behaviour on them personally. This table shows the number of respondents who reported a negative impact on their mental health on a five-point scale, ranging from 'not at all' to 'extremely'.

Count	2018	2019	2020	2021	2022	Mar 23
It had a negative impact on my mental health						
Not at all	204	233	107	279	185	134
A little	297	358	152	468	357	238
Moderately	286	281	127	451	344	246
Very	269	292	146	491	389	265
Extremely	304	279	136	525	407	268
Number of valid responses	1,360	1,443	668	2,214	1,682	1,151

Table 19b Impact on respondent: ‘It had a negative impact on my mental health’ – proportion

Permanent ADF survey respondents who had experienced unacceptable behaviour were asked about the impact of the most serious incident of unwelcome behaviour on them personally. This table shows the proportion of respondents who reported a negative impact on their mental health on a five-point scale, ranging from ‘not at all’ to ‘extremely’.

Proportion	2018	2019	2020	2021	2022	Mar 23
It had a negative impact on my mental health						
Not at all	15%	16%	16%	13%	11%	12%
A little	22%	25%	23%	21%	21%	21%
Moderately	21%	19%	19%	20%	20%	21%
Very	20%	20%	22%	22%	23%	23%
Extremely	22%	19%	20%	24%	24%	23%
Total	100%	100%	100%	100%	100%	100%

Table 20a Impact on respondent: ‘It had a negative impact on my work performance’ – count

Permanent ADF survey respondents who had experienced unacceptable behaviour were asked about the impact of the most serious incident of unwelcome behaviour on their work. This table shows the number of respondents who reported a negative impact on their work performance on a five-point scale, ranging from ‘not at all’ to ‘extremely’.

Count	2018	2019	2020	2021	2022	Mar 23
It had a negative impact on my work performance						
Not at all	292	318	149	434	315	213
A little	381	431	190	618	498	336
Moderately	253	266	133	457	351	258
Very	253	252	115	374	278	199
Extremely	184	182	79	323	243	143
Number of valid responses	1,363	1,449	666	2,206	1,685	1,149

Table 20b Impact on respondent: ‘It had a negative impact on my work performance’ – proportion

Permanent ADF survey respondents who had experienced unacceptable behaviour were asked about the impact of the most serious incident of unwelcome behaviour on their work. This table shows the proportion of respondents who reported a negative impact on their work performance on a five-point scale, ranging from ‘not at all’ to ‘extremely’.

Proportion	2018	2019	2020	2021	2022	Mar 23
It had a negative impact on my work performance						
Not at all	21%	22%	22%	20%	19%	19%
A little	28%	30%	29%	28%	30%	29%
Moderately	19%	18%	20%	21%	21%	22%
Very	19%	17%	17%	17%	16%	17%
Extremely	13%	13%	12%	15%	14%	12%
Total	100%	100%	100%	100%	100%	100%

Table 21a Respondent took unplanned leave due to unwelcome behaviour – count

Permanent ADF survey respondents who had experienced unacceptable behaviour were asked about the impact of the most serious incident of unwelcome behaviour on their work. This table shows the number of respondents who reported taking unplanned leave as a result of it.

Count	2018	2019	2020	2021	2022	Mar 23
Did you take any unplanned leave because of the most serious incident?						
No	1,023	1,064	500	1,686	1,258	869
Yes	345	365	170	538	429	282
Number of valid responses	1,368	1,429	670	2,224	1,687	1,151

Table 21b Respondent took unplanned leave due to unwelcome behaviour – proportion

Permanent ADF survey respondents who had experienced unacceptable behaviour were asked about the impact of the most serious incident of unwelcome behaviour on their work. This table shows the proportion of respondents who reported taking unplanned leave as a result of it.

Proportion	2018	2019	2020	2021	2022	Mar 23
Did you take any unplanned leave because of the most serious incident?						
No	75%	74%	75%	76%	75%	75%
Yes	25%	26%	25%	24%	25%	25%
Total	100%	100%	100%	100%	100%	100%

Notes for Tables 18a to 21b:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. These tables refer to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.
3. This analysis examines the most serious incident of unwelcome behaviour experienced by survey respondents. Owing to the survey design and methodology, the 'most serious incident' does not necessarily reflect an experience of what Defence considers to be unacceptable behaviour.
4. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey. Not all participants responded to all questions. Figures do not include participants who did not provide a response or were not shown the question.
5. Source: Defence Workplace Behaviours Survey data 2018 to March 2023, The data for 'March 2023' is only from the March 2023 administration of the Workplace Behaviours Survey. It does not contain the data for the entire year.
6. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 22a Confidence in management of unacceptable behaviour (of those who had experienced unacceptable behaviour) – count

Permanent ADF survey respondents who had experienced unacceptable behaviour were asked to respond to various statements indicating their confidence in the management of unacceptable behaviour. This table shows the number of respondents who agreed or disagreed with those statements according to a five-point scale, ranging from 'agree strongly' to 'strongly disagree' (or 'don't know').

Count	2018	2019	2020	2021	2022	Mar 23
My immediate supervisor has clearly said that unacceptable behaviour will not be tolerated here						
Agree / Agree strongly	956	999	457	1,517	1,094	773
Strongly disagree / Disagree / Neither agree nor disagree	474	451	200	701	567	322
Don't know	51	48	20	52	30	24
Number of valid responses	1,481	1,498	677	2,270	1,691	1,119
It wouldn't be worth complaining about unacceptable behaviour here because nothing would be done about it						
Agree / Agree strongly	505	471	159	629	520	292
Strongly disagree / Disagree / Neither agree nor disagree	941	1,001	504	1,588	1,135	793
Don't know	34	26	14	52	32	33
Number of valid responses	1,480	1,498	677	2,269	1,687	1,118
People in my workplace / training environment who harass others usually get away with it						
Agree / Agree strongly	534	503	188	706	534	329
Strongly disagree / Disagree / Neither agree nor disagree	890	928	466	1,456	1,072	736
Don't know	56	65	23	105	81	53
Number of valid responses	1,480	1,496	677	2,267	1,687	1,118
Incidents of unacceptable behaviour are managed well in my workplace / training environment						
Agree / Agree strongly	527	592	279	805	566	416
Strongly disagree / Disagree / Neither agree nor disagree	863	818	362	1,298	1,002	606
Don't know	92	86	35	163	120	97
Number of valid responses	1,482	1,496	676	2,266	1,688	1,119

Table 22b Confidence in management of unacceptable behaviour (of those who had experienced unacceptable behaviour) – proportion

Permanent ADF survey respondents who had experienced unacceptable behaviour were asked to respond to various statements indicating their confidence in the management of unacceptable behaviour. This table shows the proportion of respondents who agreed or disagreed with those statements according to a five-point scale, ranging from 'agree strongly' to 'strongly disagree' (or 'don't know').

Proportion	2018	2019	2020	2021	2022	Mar 23
My immediate supervisor has clearly said that unacceptable behaviour will not be tolerated here						
Agree / Agree strongly	65%	67%	68%	67%	65%	69%
Strongly disagree / Disagree / Neither agree nor disagree	32%	30%	30%	31%	34%	29%
Don't know	3%	3%	3%	2%	2%	2%
Total	100%	100%	100%	100%	100%	100%
It wouldn't be worth complaining about unacceptable behaviour here because nothing would be done about it						
Agree / Agree strongly	34%	31%	23%	28%	31%	26%
Strongly disagree / Disagree / Neither agree nor disagree	64%	67%	74%	70%	67%	71%
Don't know	2%	2%	2%	2%	2%	3%
Total	100%	100%	100%	100%	100%	100%
People in my workplace / training environment who harass others usually get away with it						
Agree / Agree strongly	36%	34%	28%	31%	32%	29%
Strongly disagree / Disagree / Neither agree nor disagree	60%	62%	69%	64%	64%	66%
Don't know	4%	4%	3%	5%	5%	5%
Total	100%	100%	100%	100%	100%	100%
Incidents of unacceptable behaviour are managed well in my workplace / training environment						
Agree / Agree strongly	36%	40%	41%	36%	34%	37%
Strongly disagree / Disagree / Neither agree nor disagree	58%	55%	54%	57%	59%	54%
Don't know	6%	6%	5%	7%	7%	9%
Total	100%	100%	100%	100%	100%	100%

Notes for Tables 22a and 22b:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. These tables refer to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.
3. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey. Not all participants responded to all questions. Figures do not include participants who did not provide a response or were not shown the question.
4. Source: Defence Workplace Behaviours Survey data 2018 to March 2023. The data for 'March 2023' is only from the March 2023 administration of the WBS. It does not contain the data for the entire year.
5. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 23a Confidence in management of unacceptable behaviour (of those who had *not* experienced unacceptable behaviour) – count

Permanent ADF survey respondents who had not experienced unacceptable behaviour were asked to respond to various statements indicating their confidence in the management of unacceptable behaviour. This table shows the number of respondents who agreed or disagreed with those statements according to a five-point scale, ranging from 'agree strongly' to 'strongly disagree' (or 'don't know').

Count	2018	2019	2020	2021	2022	Mar 23
My immediate supervisor has clearly said that unacceptable behaviour will not be tolerated here						
Agree / Agree strongly	2,830	2,565	1,249	3,792	2,750	1,870
Strongly disagree / Disagree / Neither agree nor disagree	297	201	145	418	330	240
Don't know	42	31	21	84	70	44
Number of valid responses	3,169	2,797	1,415	4,294	3,150	2,154
It wouldn't be worth complaining about unacceptable behaviour here because nothing would be done about it						
Agree / Agree strongly	142	111	69	238	193	116
Strongly disagree / Disagree / Neither agree nor disagree	2,988	2,654	1,337	4,012	2,912	2,015
Don't know	38	30	9	42	44	24
Number of valid responses	3,168	2,795	1,415	4,292	3,149	2,155

Count	2018	2019	2020	2021	2022	Mar 23
People in my workplace / training environment who harass others usually get away with it						
Agree / Agree strongly	155	127	75	266	189	124
Strongly disagree / Disagree / Neither agree nor disagree	2,883	2,552	1,286	3,862	2,804	1,925
Don't know	128	112	54	164	156	104
Number of valid responses	3,166	2,791	1,415	4,292	3,149	2,153
Incidents of unacceptable behaviour are managed well in my workplace / training environment						
Agree / Agree strongly	2,399	2,156	1,070	3,192	2,283	1,516
Strongly disagree / Disagree / Neither agree nor disagree	539	441	243	759	579	412
Don't know	226	192	101	338	285	224
Number of valid responses	3,164	2,789	1,414	4,289	3,147	2,152

Table 23b Confidence in management of unacceptable behaviour (of those who had *not* experienced unacceptable behaviour) – proportion

Permanent ADF survey respondents who had *not* experienced unacceptable behaviour were asked to respond to various statements indicating their confidence in the management of unacceptable behaviour. This table shows the proportion of respondents who agreed or disagreed with those statements according to a five-point scale, ranging from 'agree strongly' to 'strongly disagree' (or 'don't know').

Proportion	2018	2019	2020	2021	2022	Mar 23
My immediate supervisor has clearly said that unacceptable behaviour will not be tolerated here						
Agree / Agree strongly	89%	92%	88%	88%	87%	87%
Strongly disagree / Disagree / Neither agree nor disagree	9%	7%	10%	10%	10%	11%
Don't know	1%	1%	1%	2%	2%	2%
Total	100%	100%	100%	100%	100%	100%

Proportion	2018	2019	2020	2021	2022	Mar 23
It wouldn't be worth complaining about unacceptable behaviour here because nothing would be done about it						
Agree / Agree strongly	4%	4%	5%	6%	6%	5%
Strongly disagree / Disagree / Neither agree nor disagree	94%	95%	94%	93%	92%	94%
Don't know	1%	1%	1%	1%	1%	1%
Total	100%	100%	100%	100%	100%	100%
People in my workplace / training environment who harass others usually get away with it						
Agree / Agree strongly	5%	5%	5%	6%	6%	6%
Strongly disagree / Disagree / Neither agree nor disagree	91%	91%	91%	90%	89%	89%
Don't know	4%	4%	4%	4%	5%	5%
Total	100%	100%	100%	100%	100%	100%
Incidents of unacceptable behaviour are managed well in my workplace / training environment						
Agree / Agree strongly	76%	77%	76%	74%	73%	70%
Strongly disagree / Disagree / Neither agree nor disagree	17%	16%	17%	18%	18%	19%
Don't know	7%	7%	7%	8%	9%	10%
Total	100%	100%	100%	100%	100%	100%

Notes for Tables 23a and 23b:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey. Not all participants responded to all questions. Figures do not include participants who did not provide a response or were not shown the question.
3. Source: Defence Workplace Behaviours Survey data 2018 to March 2023, The data for 'March 2023' is only from the March 2023 administration of the WBS. It does not contain the data for the entire year.
4. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 24a Confidence in management of unacceptable behaviour (of males who had experienced unacceptable behaviour) – count

Permanent ADF male survey respondents who had experienced unacceptable behaviour were asked to respond to the statement: 'Incidents of unacceptable behaviour are managed well in my workplace'. This table shows the number of respondents who agreed or disagreed with the statement according to a five-point scale, ranging from 'agree strongly' to 'strongly disagree' (or 'don't know').

Count	2018	2019	2020	2021	2022	Mar 23
Incidents of unacceptable behaviour are managed well in my workplace						
Agree / Agree strongly	392	442	192	583	381	294
Strongly disagree / Disagree / Neither agree nor disagree	511	534	232	855	653	387
Don't know	65	50	22	101	82	64
Number of valid responses	968	1,026	446	1,539	1,116	745

Table 24b Confidence in management of unacceptable behaviour (of males who had experienced unacceptable behaviour) – proportion

Permanent ADF male survey respondents who had experienced unacceptable behaviour were asked to respond to the statement: 'Incidents of unacceptable behaviour are managed well in my workplace'. This table shows the proportion of respondents who agreed or disagreed with the statement according to a five-point scale, ranging from 'agree strongly' to 'strongly disagree' (or 'don't know').

Proportion	2018	2019	2020	2021	2022	Mar 23
Incidents of unacceptable behaviour are managed well in my workplace						
Agree / Agree strongly	40%	43%	43%	38%	34%	39%
Strongly disagree / Disagree / Neither agree nor disagree	53%	52%	52%	56%	59%	52%
Don't know	7%	5%	5%	7%	7%	9%
Total	100%	100%	100%	100%	100%	100%

Table 25a Confidence in management of unacceptable behaviour (of males who had *not* experienced unacceptable behaviour) – count

Permanent ADF male survey respondents who had *not* experienced unacceptable behaviour were asked to respond to the statement: 'Incidents of unacceptable behaviour are managed well in my workplace'. This table shows the number of respondents who agreed or disagreed with the statement according to a five-point scale, ranging from 'agree strongly' to 'strongly disagree' (or 'don't know').

Count	2018	2019	2020	2021	2022	Mar 23
Incidents of unacceptable behaviour are managed well in my workplace						
Agree / Agree strongly	1,970	1,808	895	2,712	1,907	1,247
Strongly disagree/Disagree/ Neither agree nor disagree	412	346	204	592	458	329
Don't know	176	147	82	284	230	173
Number of valid responses	2,558	2,301	1,181	3,588	2,595	1,749

Table 25b Confidence in management of unacceptable behaviour (of males who had *not* experienced unacceptable behaviour) – proportion

Permanent ADF male survey respondents who had not experienced unacceptable behaviour were asked to respond to the statement: 'Incidents of unacceptable behaviour are managed well in my workplace'. This table shows the proportion of respondents who agreed or disagreed with the statement according to a five-point scale, ranging from 'agree strongly' to 'strongly disagree' (or 'don't know').

Proportion	2018	2019	2020	2021	2022	Mar 23
Incidents of unacceptable behaviour are managed well in my workplace						
Agree / Agree strongly	77%	79%	76%	76%	73%	71%
Strongly disagree/ Disagree/ Neither agree nor disagree	16%	15%	17%	16%	18%	19%
Don't know	7%	6%	7%	8%	9%	10%
Total	100%	100%	100%	100%	100%	100%

Table 26a Confidence in management of unacceptable behaviour (of female respondents who experienced unacceptable behaviour) – count

Permanent ADF female survey respondents who had experienced unacceptable behaviour were asked to respond to the statement: 'Incidents of unacceptable behaviour are managed well in my workplace'. This table shows the number of respondents who agreed or disagreed with the statement according to a five-point scale, ranging from 'agree strongly' to 'strongly disagree' (or 'don't know').

Count	2018	2019	2020	2021	2022	Mar 23
Incidents of unacceptable behaviour are managed well in my workplace						
Agree / Agree strongly	119	140	83	205	168	115
Strongly disagree / Disagree / Neither agree nor disagree	309	252	121	401	328	206
Don't know	24	31	13	59	33	32
Number of valid responses	452	423	217	665	529	353

Table 26b Confidence in management of unacceptable behaviour (of female respondents who experienced unacceptable behaviour) – proportion

Permanent ADF female survey respondents who had experienced unacceptable behaviour were asked to respond to the statement: 'Incidents of unacceptable behaviour are managed well in my workplace'. This table shows the proportion of respondents who agreed or disagreed with the statement according to a five-point scale, ranging from 'agree strongly' to 'strongly disagree' (or 'don't know').

Proportion	2018	2019	2020	2021	2022	Mar 23
Incidents of unacceptable behaviour are managed well in my workplace						
Agree / Agree strongly	26%	33%	38%	31%	32%	33%
Strongly disagree / Disagree / Neither agree nor disagree	68%	60%	56%	60%	62%	58%
Don't know	5%	7%	6%	9%	6%	9%
Total	100%	100%	100%	100%	100%	100%

Table 27a Confidence in management of unacceptable behaviour (of female respondents who had *not* experienced unacceptable behaviour) – count

Permanent ADF female survey respondents who had not experienced unacceptable behaviour were asked to respond to the statement: 'Incidents of unacceptable behaviour are managed well in my workplace'. This table shows the number of respondents who agreed or disagreed with the statement according to a five-point scale, ranging from 'agree strongly' to 'strongly disagree' (or 'don't know').

Count	2018	2019	2020	2021	2022	Mar 23
Incidents of unacceptable behaviour are managed well in my workplace						
Agree / Agree strongly	377	316	169	457	361	252
Strongly disagree / Disagree / Neither agree nor disagree	105	84	34	155	112	75
Don't know	41	42	17	48	49	46
Number of valid responses	523	442	220	660	522	373

Table 27b Confidence in management of unacceptable behaviour (of female respondents who had *not* experienced unacceptable behaviour) – proportion

Permanent ADF female survey respondents who had not experienced unacceptable behaviour were asked to respond to the statement: 'Incidents of unacceptable behaviour are managed well in my workplace'. This table shows the proportion of respondents who agreed or disagreed with the statement according to a five-point scale, ranging from 'agree strongly' to 'strongly disagree' (or 'don't know').

Proportion	2018	2019	2020	2021	2022	Mar 23
Incidents of unacceptable behaviour are managed well in my workplace						
Agree / Agree strongly	72%	71%	77%	69%	69%	68%
Strongly disagree / Disagree / Neither agree nor disagree	20%	19%	15%	23%	21%	20%
Don't know	8%	10%	8%	7%	9%	12%
Total	100%	100%	100%	100%	100%	100%

Notes for Tables 24a to 27b:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. These tables refer to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.
3. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey. Not all participants responded to all questions. Figures do not include participants who did not provide a response or were not shown the question.

4. The sum of males and females may not add to total respondents. Responses other than male/female are too small to report on and some survey respondents did not provide an answer at gender.

5. Source: Defence Workplace Behaviours Survey data 2018 to March 2023, The data for 'March 2023' is only from the March 2023 administration of the WBS. It does not contain the data for the entire year.

6. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 28a Psychosocial risk of those who had experienced unacceptable behaviour – count

This table shows the number of permanent ADF survey respondents who had experienced unacceptable behaviour, who were classified into each level of psychosocial risk. Psychosocial Safety Climate (PSC) measures 'the extent to which respondents believe their supervisor and workplace look after the health, safety and wellbeing of workers'.⁴⁷ It can be used as an indicator of respondents' overall sense of safety in the workplace.⁴⁸

Count	2018	2019	2020	2021	2022	Mar 23
Low risk (High PSC score)	610	661	339	985	729	538
Medium risk	116	113	51	186	145	85
High risk	340	335	154	475	369	226
Very high risk (Very low PSC score)	242	214	87	414	297	170
Number of valid responses	1,308	1,323	631	2,060	1,540	1,019

Table 28b Psychosocial risk of those who had experienced unacceptable behaviour – proportion

This table shows the proportion of permanent ADF survey respondents who had experienced unacceptable behaviour, who were classified into each level of psychosocial risk. Psychosocial Safety Climate (PSC) measures the extent to which respondents believe their supervisor and workplace look after the health, safety and wellbeing of workers.⁴⁹ It can be used as an indicator of respondents' overall sense of safety in the workplace.⁵⁰

Proportion	2018	2019	2020	2021	2022	Mar 23
Low risk (High PSC score)	47%	50%	54%	48%	47%	53%
Medium risk	9%	9%	8%	9%	9%	8%
High risk	26%	25%	24%	23%	24%	22%
Very high risk (Very low PSC score)	19%	16%	14%	20%	19%	17%
Total	100%	100%	100%	100%	100%	100%

Notes for Tables 28a and 28b:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. These tables refer to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.
3. Psychosocial risk level is calculated using respondent answers to nine survey items.
4. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey. Not all participants responded to all questions. Figures do not include participants who did not provide a response or were not shown the question.
5. Source: Defence Workplace Behaviours Survey data 2018 to March 2023, The data for 'March 2023' is only from the March 2023 administration of the WBS. It does not contain the data for the entire year.
6. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 29a Psychosocial risk of those who had not experienced unacceptable behaviour – count

This table shows the number of permanent ADF survey respondents who had not experienced unacceptable behaviour, who were classified into each level of psychosocial risk. Psychosocial Safety Climate (PSC) measures the extent to which respondents believe their supervisor and workplace look after the health, safety and wellbeing of workers.⁵¹ It can be used as an indicator of respondents' overall sense of safety in the workplace.⁵²

Count	2018	2019	2020	2021	2022	Mar 23
Low risk (High PSC score)	2,572	2,261	1,148	3,489	2,476	1,727
Medium risk	98	89	33	144	122	71
High risk	155	132	57	239	196	115
Very high risk (Very low PSC score)	40	30	42	84	54	42
Number of valid responses	2,865	2,512	1,280	3,956	2,848	1,955

Table 29b Psychosocial risk of those who had not experienced unacceptable behaviour – proportion

This table shows the proportion of permanent ADF survey respondents who had not experienced unacceptable behaviour, who were classified into each level of psychosocial risk. Psychosocial Safety Climate (PSC) measures the extent to which respondents believe their supervisor and workplace look after the health, safety and wellbeing of workers.⁵³ It can be used as an indicator of respondents' overall sense of safety in the workplace.⁵⁴

Proportion	2018	2019	2020	2021	2022	Mar 23
Low risk (High PSC score)	90%	90%	90%	88%	87%	88%
Medium risk	3%	4%	3%	4%	4%	4%
High risk	5%	5%	4%	6%	7%	6%
Very high risk (Very low PSC score)	1%	1%	3%	2%	2%	2%
Total	100%	100%	100%	100%	100%	100%

Notes for Tables 29a and 29b:

1. Analysis includes permanent ADF members and does not include trainees or reservists.
2. Psychosocial risk level is calculated using respondent answers to nine survey items.
3. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey. Not all participants responded to all questions. Figures do not include participants who did not provide a response or were not shown the question.
4. Source: Defence Workplace Behaviours Survey data 2018 to March 2023, The data for 'March 2023' is only from the March 2023 administration of the WBS. It does not contain the data for the entire year.
5. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 30 Training establishments

This table lists the Australian Defence Force training establishments mentioned in Tables 31 to 33, and the acronyms by which they are referred.

Training establishment	Acronym
Australian Defence Force Academy	ADFA
Royal Australian Naval College	RANC
Royal Military College	RMC
Officer Training School	OTS
Royal Australian Navy Recruit School	RANRS
Number 1 Recruit Training Battalion	1RTB
Number 1 Recruit Training Unit	1RTU

Table 31a Sample prevalence of unacceptable behaviour by training establishment – proportion

This table shows the proportion of survey respondents from ADF training establishments who had experienced unacceptable behaviour in the previous 12 months.

	Proportion who experienced unacceptable behaviour		
	2020	2021	2022
ADFA	61%	39%	40%
RANC	49%	44%	45%
RMC	42%	34%	45%
OTS	41%	41%	30%
RANRS	43%	35%	30%
1RTB	23%	16%	22%
1RTU	22%	30%	27%

Table 31b Sample prevalence of unacceptable behaviour by training establishment (males) – proportion

This table shows the proportion of male survey respondents from ADF training establishments who had experienced unacceptable behaviour in the previous 12 months.

	Proportion who experienced unacceptable behaviour		
	2020	2021	2022
ADFA	56%	30%	33%
RANC	45%	37%	41%
RMC	41%	30%	43%
OTS	40%	38%	26%
RANRS	41%	31%	28%
1RTB	22%	15%	21%
1RTU	20%	28%	23%

Table 31c Sample prevalence of unacceptable behaviour by training establishment (females) – proportion

This table shows the proportion of female survey respondents from ADF training establishments who had experienced unacceptable behaviour in the previous 12 months.

	Proportion who experienced unacceptable behaviour		
	2020	2021	2022
ADFA	72%	63%	60%
RANC	59%	65%	58%
RMC	np	59%	np
OTS	np	46%	39%
RANRS	46%	42%	34%
1RTB	30%	18%	27%
1RTU	29%	32%	36%

Notes for Tables 31a, 31b and 31c:

1. These tables refer to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.
2. The unacceptable behaviour indicator considers participant responses to 37 unwelcome behaviours, as well as the frequency and the context in which those behaviours were experienced.
3. This analysis includes location filters based on the most serious incident of unwelcome behaviour experienced by survey respondents. Owing to the survey design and methodology, the 'most serious incident' does not necessarily reflect an experience of what Defence considers to be unacceptable behaviour.
4. The unit of reporting is persons, not incidents or events. The figures provide the proportion of survey respondents who were identified as having experienced unacceptable behaviour, rather than the number of unacceptable behaviour incidents.
5. Figures denoted with 'np' have a respondent sample size fewer than 30. These are not considered suitable for publication.
6. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey.
7. Source: Exhibit N-01.012, Royal Commission into Defence and Veteran Suicide response to Data Project - Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743 at 3761–3772 [Tables 4.1–4.12].

Table 32a Sample prevalence of sexual misconduct by training establishment – proportion

This table shows the proportion of survey respondents at ADF training establishments who had experienced sexual misconduct in the previous 12 months.

	Proportion who experienced sexual misconduct		
	2020	2021	2022
ADFA	15%	13%	13%
RANC	10%	5%	10%
RMC	7%	6%	8%
OTS	10%	5%	3%
RANRS	10%	7%	6%
1RTB	3%	3%	3%
1RTU	3%	5%	6%

Table 32b Sample prevalence of sexual misconduct by training establishment (males) – proportion

This table shows the proportion of male survey respondents at ADF training establishments who had experienced sexual misconduct in the previous 12 months.

	Proportion who experienced sexual misconduct		
	2020	2021	2022
ADFA	8%	4%	4%
RANC	8%	3%	5%
RMC	7%	3%	6%
OTS	7%	3%	2%
RANRS	6%	5%	5%
1RTB	2%	3%	3%
1RTU	3%	4%	3%

Table 32c Sample prevalence of sexual misconduct by training establishment (females) – proportion

This table shows the proportion of female survey respondents at ADF training establishments who had experienced sexual misconduct in the previous 12 months.

	Proportion who experienced sexual misconduct		
	2020	2021	2022
ADFA	32%	36%	34%
RANC	16%	10%	22%
RMC	np	27%	np
OTS	np	11%	5%
RANRS	19%	12%	9%
1RTB	7%	6%	7%
1RTU	5%	6%	12%

Notes for Tables 32a, 32b and 32c:

1. These tables refer to survey respondents who were identified by Defence as having experienced sexual misconduct. Sexual misconduct is a derived indicator as defined by Defence.
2. The sexual misconduct indicator considers participant responses to four criminal behaviour survey items and eight unwelcome behaviour items.
3. This analysis includes location filters based on the most serious incident of unwelcome behaviour experienced by survey respondents. Owing to the survey design and methodology, the 'most serious incident' does not necessarily reflect an experience of what Defence considers to be unacceptable behaviour.
4. The unit of reporting is persons, not incidents or events. The figures provide the proportion of survey respondents who were identified as having experienced sexual misconduct, rather than the number of incidents.
5. Figures denoted with 'np' have a respondent sample size fewer than 30. These are not considered suitable for publication.
6. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey.
7. Source: Exhibit N-01.012, Royal Commission into Defence and Veteran Suicide response to Data Project - Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743 at 3761–3772 [Tables 4.1–4.12].

Table 33a Sample prevalence of sexual assault or attempted sexual assault by training establishment (males) – proportion

This table shows the proportion of male survey respondents at ADF training establishments who had experienced sexual assault or attempted sexual assault in the previous 12 months.

	Proportion who experienced sexual assault or attempted sexual assault		
	2020	2021	2022
ADFA	0%	0%	0.2%
RANC	0%	0%	0%
RMC	0.8%	0%	0%
OTS	0%	0%	0.8%
RANRS	0.5%	0%	0%
1RTB	0%	0.1%	0.1%
1RTU	1.3%	0%	0.2%

Table 33b Sample prevalence of sexual assault or attempted sexual assault by training establishment (females) – proportion

This table shows the proportion of female survey respondents at ADF training establishments who had experienced sexual assault or attempted sexual assault in the previous 12 months.

	Proportion who experienced sexual assault or attempted sexual assault		
	2020	2021	2022
ADFA	4.4%	5.9%	5.9%
RANC	0%	0%	0%
RMC	np	8.1%	np
OTS	np	0%	0%
RANRS	1.2%	0.5%	0%
1RTB	1.1%	0.4%	0.4%
1RTU	0%	0.4%	0%

Notes for Tables 33a, 33b and 33c:

1. These tables refer to survey respondents who indicated that they had experienced sexual assault or attempted sexual assault.
2. This analysis includes location filters based on the most serious incident of unwelcome behaviour experienced by survey respondents.

3. The unit of reporting is persons, not incidents or events. The figures provide the proportion of survey respondents who indicated that they had experienced sexual assault or attempted sexual assault, rather than the number of incidents.

4. Figures denoted with 'np' have a respondent sample size fewer than 30. These are not considered suitable for publication.

5. To maintain consistency with defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey.

6. Source: Exhibit N-01.012, Royal Commission into Defence and Veteran Suicide response to Data Project - Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743 at 3761–3772 [Tables 4.1–4.12].

Table 34 Sample prevalence of unacceptable behaviour at select bases

This table shows the proportion of permanent ADF survey respondents from a range of ADF bases who had experienced unacceptable behaviour in the previous 12 months.

	Proportion who experienced unacceptable behaviour	
	2021	2022
Gallipoli Barracks Enoggera	40%	42%
HMAS Stirling Rockingham	40%	44%
Robertson	39%	36%
Garden Island	39%	41%
Lavarack Barracks Townsville	39%	35%
HMAS Cerberus	39%	40%
HMAS Albatross	36%	33%
RAAF Base Tindal	34%	41%
Edinburgh RAAF Base	33%	33%
Amberley RAAF Base	33%	31%
Holsworthy Barracks	30%	35%
Williamtown RAAF Base	31%	32%
Russell	29%	29%
Brindabella Park	28%	27%
RAAF Base Townsville	22%	38%

Notes for Table 34:

1. This table refers to survey respondents who were identified by Defence as having experienced unacceptable behaviour. Unacceptable behaviour is a derived indicator as defined by Defence.
2. The unacceptable behaviour indicator considers participant responses to 37 unwelcome behaviours, as well as the frequency and the context in which those behaviours were experienced.
3. This analysis includes most of the largest locations by number of respondents in the dataset and is not necessarily reflective of the largest ADF bases.
4. The unit of reporting is persons, not incidents or events. The figures provide the proportion of survey respondents who were identified as having experienced unacceptable behaviour, rather than the number of unacceptable behaviour incidents.
6. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey.
7. Figures denoted with 'np' have a respondent sample size fewer than 30. These are not considered suitable for publication.
8. Source: Defence Workplace Behaviours Survey data 2021 to March 2022.
9. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

Table 35 Sample prevalence of sexual misconduct at select bases

This table shows the proportion of permanent ADF survey respondents from a range of ADF bases who had experienced sexual misconduct in the previous 12 months.

	Proportion who experienced sexual misconduct	
	2021	2022
Garden Island	10%	5%
HMAS Cerberus	8%	7%
Gallipoli Barracks Enoggera	7%	7%
Edinburgh RAAF Base	7%	5%
HMAS Stirling Rockingham	7%	11%
HMAS Albatross	6%	7%
Robertson	5%	5%
Holsworthy Barracks	4%	4%
RAAF Base Tindal	3%	4%
RAAF Base Townsville	3%	5%

Notes for Table 35:

1. This table refers to survey respondents who were identified by Defence as having experienced sexual misconduct. Sexual misconduct is a derived indicator as defined by Defence. The sexual misconduct indicator considers participant responses to four criminal behaviour survey items and eight unwelcome behaviour items.
2. This analysis includes most of the largest locations by number of respondents in the dataset. It is not necessarily reflective of the largest ADF bases.
3. The unit of reporting is persons, not incidents or events. The figures provide the proportion of survey respondents who were identified as having experienced sexual misconduct, rather than the number of incidents.
4. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey.
5. Figures denoted with 'np' have a respondent sample size fewer than 30. These are not considered suitable for publication.
6. Source: Defence Workplace Behaviours Survey data 2021 to March 2022.
7. We used data files supplied by Defence in response to Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.b.

4 Data analysis YourSay Workplace Experience survey

The following tables display data collected in the YourSay Workplace Experience Survey.

Table 36a Confidence in management of unacceptable behaviour – count

This table shows the number of permanent and reserve ADF respondents who agreed or disagreed with the statement, 'Incidents of unacceptable behaviour are managed well in my workplace', according to a five-point scale, ranging from 'strongly disagree' to 'strongly agree'.

Count	2018	2019	2020	Q1 2021	October 2022
Incidents of unacceptable behaviour are managed well in my workplace					
Strongly disagree	670	216	150	97	79
Disagree	1,247	389	242	156	152
Neither agree nor disagree	4,739	1,406	745	627	486
Agree	10,027	2,793	1,425	1,124	856
Strongly agree	2,856	814	548	531	453
Number of valid responses	19,539	5,618	3,110	2,535	2,026

Table 36b Confidence in management of unacceptable behaviour – proportion

This table shows the proportion of permanent and reserve ADF respondents who agreed or disagreed with the statement, ‘Incidents of unacceptable behaviour are managed well in my workplace’, according to a five-point scale, ranging from ‘strongly disagree’ to ‘strongly agree’.

Proportion	2018	2019	2020	Q1 2021	October 2022
Incidents of unacceptable behaviour are managed well in my workplace					
Strongly disagree	3%	4%	5%	4%	4%
Disagree	6%	7%	8%	6%	8%
Neither agree nor disagree	24%	25%	24%	25%	24%
Agree	51%	50%	46%	44%	42%
Strongly agree	15%	14%	18%	21%	22%
Total	100%	100%	100%	100%	100%

Notes for Tables 36a and 36b:

1. Analysis includes all permanent and reserve members. Survey participants from training establishments included from March 2021.
2. From 2021, the YourSay Workplace Experience survey shifted to a modular approach and data for these tables was only collected in Quarter 1 (Q1) of 2021 and Quarter 3 (Q3) of 2022.
3. In 2018, this survey item was only presented to respondents who indicated they had active service within the previous 12 months.
4. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey. Not all participants responded to all questions. Figures do not include participants who did not provide a response or were not shown the question.
5. Source: Exhibit N-01.012, Royal Commission into Defence and Veteran Suicide response to Data Project - Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743 at 3746–3750 [Tables 1.1–1.5].

Table 37a Confidence in management of unacceptable behaviour (males) – count

This table shows the number of male permanent and reserve ADF respondents who agreed or disagreed with the statement, 'Incidents of unacceptable behaviour are managed well in my workplace', according to a five-point scale, ranging from 'strongly disagree' to 'strongly agree'.

Count	2018	2019	2020	Q1 2021	October 2022
Incidents of unacceptable behaviour are managed well in my workplace					
Strongly disagree	430	137	89	66	37
Disagree	826	283	147	97	90
Neither agree nor disagree	3,414	995	508	440	333
Agree	7,833	2,142	1,093	858	646
Strongly Agree	2,347	672	429	431	367
Number of valid responses	14,850	4,229	2,266	1,892	1,473

Table 37b Confidence in management of unacceptable behaviour (males) – proportion

This table shows the proportion of male permanent and reserve ADF respondents who agreed or disagreed with the statement, 'Incidents of unacceptable behaviour are managed well in my workplace', according to a five-point scale, ranging from 'strongly disagree' to 'strongly agree'.

Proportion	2018	2019	2020	Q1 2021	October 2022
Incidents of unacceptable behaviour are managed well in my workplace					
Strongly disagree	3%	3%	4%	3%	3%
Disagree	6%	7%	6%	5%	6%
Neither agree nor disagree	23%	24%	22%	23%	23%
Agree	53%	51%	48%	45%	44%
Strongly agree	16%	16%	19%	23%	25%
Total	100%	100%	100%	100%	100%

Table 38a Confidence in management of unacceptable behaviour (females) – count

This table shows the number of female permanent and reserve ADF respondents who agreed or disagreed with the statement, 'Incidents of unacceptable behaviour are managed well in my workplace', according to a five-point scale, ranging from 'strongly disagree' to 'strongly agree'.

Count	2018	2019	2020	Q1 2021	October 2022
Incidents of unacceptable behaviour are managed well in my workplace					
Strongly disagree	159	59	36	24	28
Disagree	273	69	72	42	41
Neither agree nor disagree	849	261	133	125	100
Agree	1,534	426	215	187	129
Strongly Agree	354	78	83	70	55
Number of valid responses	3,169	893	539	448	353

Table 38b Confidence in management of unacceptable behaviour (females) – proportion

This table shows the proportion of female permanent and reserve ADF respondents who agreed or disagreed with the statement, 'Incidents of unacceptable behaviour are managed well in my workplace', according to a five-point scale, ranging from 'strongly disagree' to 'strongly agree'.

Proportion	2018	2019	2020	Q1 2021	October 2022
Incidents of unacceptable behaviour are managed well in my workplace					
Strongly disagree	5%	7%	7%	5%	8%
Disagree	9%	8%	13%	9%	12%
Neither agree nor disagree	27%	29%	25%	28%	28%
Agree	48%	48%	40%	42%	37%
Strongly agree	11%	9%	15%	16%	16%
Total	100%	100%	100%	100%	100%

Notes for Tables 37a, 37b and 38a, 38b:

1. Analysis includes all permanent and reserve members. Survey participants from training establishments included from March 2021.
2. From 2021, the YourSay Workplace Experience survey shifted to a modular approach and data for this table was only collected in Quarter 1 (Q1) of 2021 and Quarter 3 (Q3) of 2022.

3. In 2018, the survey item was only presented to respondents who indicated they had active service within the previous 12 months.
4. The sum of males and females may not add to total respondents. Responses other than male/female are too small to report on and some survey respondents did not provide an answer at gender.
5. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey. Not all participants responded to all questions. Figures do not include participants who did not provide a response or were not shown the question.
6. Source: Exhibit N-01.012, Royal Commission into Defence and Veteran Suicide response to Data Project - Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743 at 3746–3750 [Tables 1.1–1.5].

Table 39a Confidence in senior leadership – count

This table shows the number of ADF permanent survey participants who agreed or disagreed to the statement ‘I have confidence in Defence senior leadership’ according to a five-point scale, ranging from ‘strongly disagree’ to ‘strongly agree’.

Count	2018	2019	2020	2021	2022
I have confidence in Defence senior leadership					
Strongly disagree	1,471	490	202	628	648
Disagree	2,686	825	345	963	928
Neither agree nor disagree	5,808	1,506	741	1,632	1,549
Agree	7,555	1,873	1,110	2,033	1,780
Strongly agree	1,164	380	214	380	320
Number of valid responses	18,684	5,074	2,612	5,636	5,225

Table 39b Confidence in senior leadership – proportion

This table shows the proportion of ADF permanent survey participants who agreed or disagreed to the statement ‘I have confidence in Defence senior leadership’ according to a five-point scale, ranging from ‘strongly disagree’ to ‘strongly agree’.

Proportion	2018	2019	2020	2021	2022
I have confidence in Defence senior leadership					
Strongly disagree	8%	10%	8%	11%	12%
Disagree	14%	16%	13%	17%	18%
Neither agree nor disagree	31%	30%	28%	29%	30%
Agree	40%	37%	42%	36%	34%
Strongly agree	6%	7%	8%	7%	6%
Total	100%	100%	100%	100%	100%

Notes for Tables 39a and 39b:

1. Analysis includes all permanent members. Survey participants from training establishments included from March 2021.
2. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey.
3. Source: Exhibit N-01.012, Royal Commission into Defence and Veteran Suicide response to Data Project - Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743 at 3746–3750 [Tables 1.1–1.5].

Table 40a Confidence in one's supervisor – count

This table shows the number of ADF permanent survey participants who agreed or disagreed to the statement 'I have confidence in my supervisor' according to a five-point scale, ranging from 'strongly disagree' to 'strongly agree'.

Count	2018	2019	2020	2021	2022
I have confidence in my supervisor					
Strongly disagree	698	194	126	297	191
Disagree	1,275	352	200	403	331
Neither agree nor disagree	2,654	696	311	683	643
Agree	9,039	2,435	1,276	2,570	2,451
Strongly agree	5,108	1,403	699	1,709	1,640
Number of valid responses	18,774	5,080	2,612	5,662	5,256

Table 40b Confidence in one's supervisor – proportion

This table shows the proportion of ADF permanent survey participants who agreed or disagreed to the statement 'I have confidence in my supervisor' according to a five-point scale, ranging from 'strongly disagree' to 'strongly agree'.

Proportion	2018	2019	2020	2021	2022
I have confidence in my supervisor					
Strongly disagree	4%	4%	5%	5%	4%
Disagree	7%	7%	8%	7%	6%
Neither agree nor disagree	14%	14%	12%	12%	12%
Agree	48%	48%	49%	45%	47%
Strongly agree	27%	28%	27%	30%	31%
Total	100%	100%	100%	100%	100%

Notes for Tables 40a and 40b:

1. Analysis includes all permanent members. Survey participants from training establishments included from March 2021.
2. To maintain consistency with Defence analysis, the survey data is unweighted. Figures reflect participant responses to the survey. Not all participants responded to all questions. Figures do not include participants who did not provide a response or were not shown the question.
3. Source: Exhibit N-01.012, Royal Commission into Defence and Veteran Suicide response to Data Project - Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743 at 3746–3750 [Tables 1.1–1.5].

Endnotes

- 1 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0016 [39], 0010 [Table 4.1.a], 0020 [Table 4.2.a].
- 2 Exhibit 64-02.001, Department of Defence, Response to Notice to Give, NTG-JGR-001, DEF.9999.0087.0001 at 0070-0073; Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0004 [5], 0018 [46], 0026 [63–65], 0029 [70–71].
- 3 Exhibit N-01.017, Department of Defence, Notice to Produce, NTP-DEF-180A, NTP. DEF.180.0001 at 0001; Exhibit N-01.018, Department of Defence Notice to Produce NTP-DEF-180B-1, NTP.DEF.180B-1.0001 at 0001.
- 4 Commonwealth of Australia, Letters Patent, 8 July 2021, paragraph (c).
- 5 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.001 at 0010 [Table 4.1.a].
- 6 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.001 at 0010 [Table 4.1.a], 0004 [4].
- 7 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.001 at 0020 [Table 4.2.a].
- 8 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.001 at 0023 [Table 4.2, Question 6].
- 9 Exhibit N-01.012, Royal Commission into Defence and Veteran Suicide response to Data Project - Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743.
- 10 PFLA-2 (20240517 Response to Appendix 2 Survey Data analysis 21005416), PFL.0033.0002.0270 at 0270 [3].
- 11 PFLA-2 (20240517 Response to Appendix 2 Survey Data analysis 21005416), PFL.0033.0002.0270 at 0278–0279 [35].
- 12 PFLA-2 (20240517 Response to Appendix 2 Survey Data analysis 21005416), PFL.0033.0002.0270 at 0270 [2].
- 13 Exhibit K-01.037, Department of Defence, Response to Notice to Give, NTG-DEF-193, DEF.9999.0135.0001 at 0013-17; 0020-25; 0027-34.
- 14 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0006 [11], 0010-11 [table 4.1], 0017 [44, 45], 0020-21 [table 4.2].
- 15 Exhibit N-01.012, Royal Commission into Defence and Veteran Suicide response to Data Project - Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743.
- 16 Exhibit N-01.012, Royal Commission into Defence and Veteran Suicide response to Data Project - Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743 at 3750 [15], 3751 [17], 3744 [41], 3755 [42, 43, 44, 45], 3757 [62, 63, 65, 66], 3744 [6, table 1.1, table 1.2, table 1.3, table 1.4, table 1.5].
- 17 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0008 [Table 3.1].
- 18 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0024 [55].
- 19 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0014, 0024 [54].
- 20 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0016 [40], 0017 [42, 44, 45], 0018 [47], 0019 [51, 52], 0010 [Table 4.1.b], 0013 [Table 4.1.Question 6].
- 21 Exhibit B-01.014 Department of Defence, Response to Notice to Give, NTG-DEF-018, DEF.9999.0010.0008 at 0019 [Table 2].
- 22 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0010 [Table 4.1.b].
- 23 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0012 [Table 4.1.e].
- 24 Exhibit N-01.012, Royal Commission into Defence and Veteran Suicide response to Data Project - Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743 at 3753 [30].
- 25 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0013 [Table 4.1, Question 6].
- 26 Exhibit G-01.006 Australian Human Rights Commission, Insights About Sexual Misconduct, November 2022, AHR.0002.0001.0593 at 0609.

- 27 Exhibit G-01.006 Australian Human Rights Commission, Insights About Sexual Misconduct, November 2022, AHR.0002.0001.0593 at 0610.
- 28 Exhibit N-01.012, Royal Commission into Defence and Veteran Suicide response to Data Project - Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743 at 3753 [30-34].
- 29 Exhibit N-01.032, Department of Defence, Response to Notice to Produce, NTP-DEF-180A, DEF.1180.0003.0425 at 0437–0453.
- 30 Exhibit N-01.012, Royal Commission into Defence and Veteran Suicide response to Data Project - Validation of Defence Survey Data Analysis, 9 February 2024, DVS.0012.0001.3743 at 3753 [31,32].
- 31 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0012 [Table 4.1.d], 0013 [Table 4.1, Question 6].
- 32 Exhibit 16-01.026, Hearing Block 3, Defence Annual Workforce Climate Report 2019, DEF.0001.0001.8360 at 8390, Exhibit 35-02.032, Hearing Block 5, Department of Defence, Sexual Misconduct in the ADF 2013-2021 Perspectives from YourSay Workplace Experiences and the Workplace Behaviours Survey, DEF.1000.8002.5946 at 5966.
- 33 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112 at 0011 [Table 4.1.d], 0021 [Table 4.2.d]; Exhibit 89-02.024, The Hon Richard Marles MP, Response to Notice to Produce, NTP-RMR-001, RMR.0001.0001.0004 [8].
- 34 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0021 [Table 4.2.d].
- 35 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0022 [Table 4.2, Question 5].
- 36 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0021 [Table 4.2.d].
- 37 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0020 [Table 4.2.b].
- 38 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0011 [Table 4.1.d].
- 39 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0012 [Table 4.1, Question 5].
- 40 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0012 [Table 4.1.d].
- 41 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0012 [Table 4.1.d].
- 42 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0012 [Table 4.1.d].
- 43 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0023 [Table 4.2, Question 6].
- 44 Exhibit 96-01.015, Department of Defence, Response to Notice to Product, NTP-DEF-338, 2022 Defence Workforce Experience Summary, DEF.1338.0001.0178; Exhibit 90-03.044, Department of Defence, Response to Notice to Product, NTP-DEF-338, 2023 Defence Workforce Experience WOD Summary DEF.1338.0001.0184.
- 45 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, pp 96-9647 [46]–96-9648 [1].
- 46 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9651 [27–29].
- 47 Exhibit 16-01.026, Hearing Block 3, Defence Annual Workforce Climate Report 2019, DEF.0001.0001.8360 at 8416.
- 48 Exhibit N-01.031, Psychosocial Safety Climate – Workplace Behaviours Survey Results, Sept 2021, DEF.1000.8002.5890 at 5892.
- 49 Exhibit 16-01.026, Hearing Block 3, Defence Annual Workforce Climate Report 2019, DEF.0001.0001.8360 at 8416.
- 50 Exhibit N-01.031, Psychosocial Safety Climate – Workplace Behaviours Survey Results, Sept 2021, DEF.1000.8002.5890 at 5892.
- 51 Exhibit 16-01.026, Hearing Block 3, Defence Annual Workforce Climate Report 2019, DEF.0001.0001.8360 at 8416.
- 52 Exhibit N-01.031, Psychosocial Safety Climate – Workplace Behaviours Survey Results, Sept 2021, DEF.1000.8002.5890 at 5892.
- 53 Exhibit 16-01.026, Hearing Block 3, Defence Annual Workforce Climate Report 2019, DEF.0001.0001.8360 at 8416.
- 54 Exhibit N-01.031, Psychosocial Safety Climate – Workplace Behaviours Survey Results, Sept 2021, DEF.1000.8002.5890 at 5892.

Appendix M Previous reports and inquiries, 2000–2024

Our terms of reference require us to have regard to prior inquiries, reviews and recommendations which relate to matters associated with suicide and suicidality among serving and ex-serving members of the Australian Defence Force.

There has been a considerable body of work undertaken prior to the establishment of this Royal Commission in 2021 and we have benefited greatly from these prior reports and inquiries. However, as discussed elsewhere in this report, the application of Parliamentary Privilege has had a determinantal effect on our ability to formally derive information and conclusions from all such reports and inquiries.

The list below reproduces our appendix from the *Interim Report* with the addition of inquiries, reviews or reports which were published from 2022. Generally, relevant inquiries, reviews or reports that were published prior to this date and not included in the *Interim Report* appendix are discussed in the body of our report.

2003

Title	Author(s)
<i>Report of the Review of Veterans' Entitlements</i> (Clarke Report)	The Hon John Clarke QC, Air Marshal Doug Riding AO DFC and Dr David Rosalky, Department of Veterans' Affairs

2009

Title	Author(s)
<i>Independent Study into Suicide in the Ex-Service Community</i>	Professor David Dunt
<i>Review of Mental Health Care in the Australian Defence Force and Transition Through Discharge</i>	Professor David Dunt

2010

Title	Author(s)
<i>Mental Health in the Australian Defence Force: 2010 ADF Mental Health Prevalence and Wellbeing Study</i>	Department of Defence
<i>Review of Department of Veterans' Affairs funded Ex-Service Organisation Advocacy and Welfare Services</i>	Department of Veterans' Affairs

2011

Title	Author(s)
<i>Analysis of the Possible Entitlement to Service Pension of Members of the British Commonwealth Occupation Force</i>	Peter Sutherland
<i>Beyond Compliance: Professionalism, Trust and Capability in the Australian Profession of Arms</i>	Major General Craig Orme AM CSC, Department of Defence
<i>DLA Piper Review</i>	Professor Dennis Pearce AO, Melanie McKean and Dr Gary Rumble
<i>Inspector-General of the Australian Defence Force Review of the Management of Incidents and Complaints in Defence including Civil and Military Jurisdiction</i>	Geoff Earley AM
<i>Review into the Treatment of Women at the Australian Defence Force Academy</i>	Australian Human Rights Commission
<i>Review of Military Compensation Arrangements</i>	Steering Committee appointed by Department of Veterans' Affairs
<i>Review of Social Media and Defence</i>	George Patterson Y&R
<i>Review on the Use of Alcohol in the Australian Defence Force</i>	Independent Advisory Panel on Alcohol
<i>The Review of Employment Pathways for Australian Public Service (APS) Women in the Department of Defence</i>	Carmel McGregor, Department of Defence

2012

Title	Author(s)
<i>A Review of the Australian Defence Force Suicide Prevention Program (ADF SPP)</i>	Kairi Kõlves and others
<i>Administration of Mental Health Initiatives to Support Younger Veterans</i>	Australian National Audit Office
<i>Review into the Treatment of Women in the Australian Defence Force (ADF)</i>	Australian Human Rights Commission

2013

Title	Author(s)
<i>Inquiry into the Care of Australian Defence Force (ADF) Personnel Wounded and Injured on Operations</i>	Joint Standing Committee on Foreign Affairs, Defence and Trade

2014

Title	Author(s)
<i>Evaluation of the Dunt Review Implementation Report</i>	Joint Health Command and the Vice-Chief of the Australian Defence Force (ADF)
<i>Post-Traumatic Stress Disorder (PTSD) and Stigma in the Australian Army</i>	John Bale
<i>Report on Abuse at HMAS Leeuwin</i>	Defence Abuse Response Taskforce
<i>Report on Abuse at the Australian Defence Force Academy</i>	Defence Abuse Response Taskforce
<i>Report on Abuse in Defence</i>	Defence Abuse Response Taskforce
<i>Review of Statutory Timeframes</i>	Military Rehabilitation and Compensation Commission
<i>Vietnam Veterans' Family Study</i>	Department of Veterans' Affairs and Australian Institute of Family Studies

2016

Title	Author(s)
<i>Defence Abuse Response Taskforce (DART) Final Report (Cornall Review)</i>	Robert Cornall AO, Defence Abuse Response Taskforce
<i>Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001–2014</i>	Australian institute of Health and Welfare
<i>Mental Health of Australian Defence Force (ADF) Members and Veterans</i>	Senate Foreign Affairs, Defence and Trade References Committee
<i>Special Operations Command (SOCOMD) Culture and Interactions: Perceptions, Reputation and Risk</i>	Dr Samantha Crompvoets
<i>Suicide and Mental Health in the ADF – What Are We Missing</i>	Commodore Paul Kinghorne RAN

2017

Title	Author(s)
<i>Joint Inquiry into the Facts Surrounding the Management of Mr Jesse Bird's Case</i>	Department of Defence, Department of Veteran's Affairs and Veterans Families Counselling Service (VVCS – Open Arms)
<i>Report of Case Study No. 40: The response of the Australian Defence Force to allegations of child sexual abuse</i>	Royal Commission into Institutional Responses to Child Sexual Abuse

Title	Author(s)
<i>Review into the Suicide and Self Harm Prevention Services Available to Current and Former Serving Australian Defence Force (ADF) Members and Their Families</i>	National Mental Health Commission
<i>The Constant Battle: Suicide by Veterans</i>	Senate Foreign Affairs, Defence and Trade References Committee

2018

Title	Author(s)
<i>A Profile of Australia's Veterans</i>	Australian Institute of Health and Welfare
<i>Efficiency of Veterans Service Delivery by the Department of Veterans' Affairs</i>	Australian National Audit Office
<i>Family Wellbeing Study (Transition and Wellbeing Research Programme)</i>	Department of Defence and Department of Veterans' Affairs
<i>Incidence of Suicide in Australian Defence Force (ADF) Personnel: Detailed Analysis 2001–2015</i>	Australian Institute of Health and Welfare
<i>Investigation into the Actions and Decisions of the Department of Veterans' Affairs (DVA) in Relation to Mr A</i>	Commonwealth Ombudsman
<i>Transition Taskforce: Improving the Transition Experience</i>	Department of Veterans' Affairs and Department of Defence
<i>Veterans' Advocacy and Support Service Scoping Study</i>	Robert Cornall AO

2019

Title	Author(s)
<i>A Better Way to Support Veterans</i>	Productivity Commission
<i>Actuarial Investigation into the Costs of Military Compensation as at 30 June 2019</i>	Australian Government Actuary
<i>Impact of Combat Study (Transition and Wellbeing Research Programme)</i>	Department of Defence and Department of Veterans' Affairs
<i>Independent review into the Totally and Permanently Incapacitated (TPI) Payment</i>	David Tune AO PSM
<i>Independent Review of the Implementation of the Recommendations of the Joint Inquiry into the Management of Jesse Bird's Case</i>	Emeritus Professor Robyn Creyke AO
<i>Independent Study into the Mental Health Impacts of Compensation Claim Assessment Processes</i>	Professor Alex Collie

Title	Author(s)
<i>Inquiry into Transition from the Australian Defence Force (ADF)</i>	Joint Standing Committee on Foreign Affairs, Defence, and Trade
<i>Mental Health and Wellbeing Transition Study (Transition and Wellbeing Research Programme)</i>	Department of Defence and Department of Veterans' Affairs
<i>National Suicide Monitoring of Australian Defence Force (ADF) Personnel: 2019 Update</i>	Australian Institute of Health and Welfare

2020

Title	Author(s)
<i>Actuarial Investigation into the Costs of Military Compensation as at 30 June 2020</i>	Australian Government Actuary
<i>Findings of the Inquest into the Death of Jesse Stephen Bird</i>	Coroner Jacqui Hawkins, Coroners Court of Victoria
<i>Inspector-General of the Australian Defence Force Afghanistan Inquiry Report (Brereton Report)</i>	Major General the Hon Paul Brereton AM RFD SC
<i>National Suicide Monitoring of Australian Defence Force (ADF) Personnel: 2020 Update</i>	Australian Institute of Health and Welfare

2021

Title	Author(s)
<i>Defence's Implementation of Cultural Reform</i>	Australian National Audit Office
<i>Effectiveness of the Planning and Management of Veteran Centric Reforms</i>	Australian National Audit Office
<i>Final report – Independent Review of Past Australian Defence Force and Veteran suicides: Qualitative analysis of coronial and Defence documents¹</i>	Australian Commission on Safety and Quality in Health Care, Attorney-General's Department
<i>Final Report to the Independent Review of Past Defence and Veteran Suicides</i>	Australian Institute of Health and Welfare
<i>Inspector-General of the Australian Defence Force Own-Initiative Inquiry: Implementation of military justice arrangements for dealing with sexual misconduct in the Australian Defence Force²</i>	Professor the Hon Pru Goward
<i>Preliminary Interim Report: Interim National Commissioner for Defence and Veteran Suicide Prevention (Boss report)</i>	Dr Bernadette Boss CSC
<i>Senate Inquiry into the Totally and Permanently Incapacitated (TPI) Payment (Special Rate of Disability Pension)</i>	Foreign Affairs, Defence and Trade References Committee

Title	Author(s)
<i>Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 2001 to 2019</i>	Australian Institute of Health and Welfare
<i>Spouses and Partners of Vietnam Veterans – Findings from the Vietnam Veterans Family Study</i>	Department of Veterans' Affairs and Australian Institute of Family Studies

2022

Title	Author(s)
<i>Interim Report</i>	Royal Commission into Defence and Veteran Suicide
<i>Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2020</i>	Australian Institute of Health and Welfare
<i>Socioeconomic characteristics of ex-serving ADF members who died by suicide</i>	Australian Institute of Health and Welfare
<i>The current status of moral injury: A narrative review and Rapid Evidence Assessment</i>	Phoenix Australia (University of Melbourne), Department of Veterans' Affairs
<i>The Department of Veterans' Affairs' communication with veterans making claims for compensation</i>	Commonwealth Ombudsman
<i>Understanding the wellbeing characteristics of ex-serving ADF members</i>	Australian Institute of Health and Welfare
<i>Wellness Action Through Checking Health: WATCH Project Report</i>	Phoenix Australia (University of Melbourne), Department of Defence
<i>Wellness Action Through Checking Health: WATCH Project Report Command Addendum</i>	Phoenix Australia (University of Melbourne), Department of Defence
<i>Wellness Action Through Checking Health: WATCH Project Report Family Members Addendum</i>	Phoenix Australia (University of Melbourne), Department of Defence

2023

Title	Author(s)
<i>ADF members and ex-members suicide literature review: An update³</i>	Phoenix Australia (University of Melbourne), Royal Commission into Defence and Veteran Suicide
<i>Defence Abuse Reparation Scheme Insight and observations report</i>	Defence Force Ombudsman

Title	Author(s)
<i>Defending Fairness: Does Defence handle unacceptable behaviour complaints effectively?</i>	Defence Force Ombudsman
<i>Intimate Partner Violence among current and ex-serving Australian Defence Force personnel and families: Transition and Wellbeing Research Programme Data Analyses Project</i>	Phoenix Australia (University of Melbourne), Department of Veterans' Affairs
<i>Recommendation Implementation Report: investigation into the Department of Veterans' Affairs' communication with veterans making claims for compensation</i>	Commonwealth Ombudsman
<i>Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021</i>	Australian Institute of Health and Welfare

2024

Title	Author(s)
<i>Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021</i>	Australian Institute of Health and Welfare
<i>Understanding and enhancing responses to suicide crises involving current serving and ex-serving members of the ADF: A data linkage study</i>	Queensland Centre for Mental Health Research, Royal Commission into Defence and Veteran Suicide

Annual reports

2011–23

Defence Portfolio Annual Reports (various)

- Department of Defence
- Department of Veterans' Affairs

2014–23

Inspector-General Australian Defence Force (IGADF) Annual Reports (various)

- Inspector-General of the Australian Defence Force

2018–23

Sexual Misconduct Prevention and Response Office (SeMPRO) Annual Reports (various)

- Department of Defence

2013–23

Women in ADF Annual Reports (various)

- Department of Defence

Endnotes

- 1 This report was not included in the Interim Report appendix
- 2 This report was not included in the Interim Report appendix.
- 3 Update of the Phoenix Australia (University of Melbourne), *Defence Force and Veteran suicides: Literature review*, Australian Commission on Safety and Quality in Health Care, 2020.

Appendix N Procedural fairness letters and responses

The Royal Commission issued a total of 58 procedural fairness letters (PFLs). As at 1 August we had received responses to all 58 of these PFLs, which were:

- (1) Data (Commonwealth)
- (2) Data (States and Territories)
- (3) Data (supplemental to the letter dated 21 December 2023 – item 1 above)
(unclassified version received 17 June 2024)
- (4) Data – Economic impact of mental ill health, suicide and self-harm attributable to service within the ADF
- (5) Data – MATES program (for the University of South Australia)
- (6) Data – MATES program (for the Commonwealth)
- (7) Coroners and Coronial Processes (Commonwealth and States and Territories)
- (8) IGADF Tranche 1 (Directorate of Select Incident Review – DSIR)
- (9) IGADF Tranche 2 (Redress of Grievance – ROG)
- (10) IGADF Tranche 3 (Directorate of Inquiries and Investigations – DII)
- (11) IGADF Tranche 4 (Training and Qualifications of Staff)
- (12) IGADF Tranche 5 (DSIR Supplementary Potential Propositions)
- (13) States and Territories
- (14) Postings
- (15) Postings – Supplementary Letter
- (16) External Oversight – Ombudsman
- (17) External Oversight – AHRC
- (18) External Oversight – Comcare
- (19) ESOs
- (20) Retention Incentives
- (21) Sexual Misconduct (including the role and operation of SeMPRO)
- (22) Transition
- (23) Military Justice Part 1
- (24) Military Justice Part 2

- (25) Retention – hollowness and burnout
- (26) Retention (service obligations)
- (27) Commonwealth/Australian Government Solicitor (AGS) interaction with the Royal Commission (impediments to the Royal Commission)
- (28) Recruitment – informing candidates about the health and wellbeing risks of service
- (29) Unacceptable behaviour and claims management
- (30) Families
- (31) Training – conduct after capture
- (32) Special Report on establishing a New Entity
- (33) Deployments
- (34) Training
- (35) Defence culture and leadership
- (36) Military employment classification (MEC and) involuntary medical separation
- (37) Recruitment (entry screening and support)
- (38) DVA compensation advocates
- (39) Defence Abuse Response Taskforce (DART) – Commonwealth
- (40) Defence Abuse Response Taskforce (DART) – States and Territories (including ACT Policing)
- (41) Governance and Accountability – Part 1
- (42) Governance and Accountability – Part 2
- (43) DVA claims processing
- (44) DVA Legislation
- (45) Open Arms
- (46) Postvention
- (47) Introduction to healthcare for members and veterans
- (48) ADF suicide prevention program
- (49) DVA Culture and leadership
- (50) Defence Healthcare Services
- (51) Healthcare for ex-serving members
- (52) DVA – expanding prevention and early intervention
- (53) Protecting and promoting health and wellbeing among ADF members

- (54) Understanding Suicide
- (55) Mefloquine and Tafenoquine
- (56) Navy Clearance Divers Case Study
- (57) Moral Injury
- (58) DVA Culture (supplementary PFL)

At the time of writing, the Royal Commission did not plan to issue any further PFLs, nor did it anticipate receiving any further responses to those already issued.

Index of procedural fairness letters and responses

Chapter/Topic	PFL date	PFL DOC ID	PFL Final Report Reference	Response	Date Response Received	Response DOC ID	Response Report Reference	Exhibit number
33 - Data (Commonwealth)	21/12/2023	PFL.0033.0001.0020	PFL-1	Cth	22/02/2024	PFL.0033.0002.0001	PFLR-1.1	Exhibit YY-01.001
						PFL.0033.0002.0057	PFLR-1.2	Exhibit YY-01.002
						PFL.0033.0002.0059	PFLR-1.3	Exhibit YY-01.003
						PFL.0033.0002.0073	PFLR-1.4	Exhibit YY-01.004
						PFL.0033.0002.0148	PFLR-1.5	Exhibit YY-01.005
33 - Data Chapter (for States and Territories)	23/01/2024	PFL.0033.0001.0001	PFL-2	WA	20/02/2024	PFL.0033.0003.0001	PFLR-2.1	Exhibit YY-01.006
				NT	22/02/2024	PFL.0033.0004.0001	PFLR-2.2	Exhibit YY-01.007
				QLD	19/02/2024	PFL.0033.0005.0001	PFLR-2.3	Exhibit YY-01.008
						PFL.0033.0005.0002	PFLR-2.4	Exhibit YY-01.009
						PFL.0033.0005.0003	PFLR-2.5	Exhibit YY-01.010
				NSW	23/02/2024	PFL.0033.0006.0001	PFLR-2.6	Exhibit YY-01.011
						PFL.0033.0006.0002	PFLR-2.7	Exhibit YY-01.012
				ACT	5/03/2024	PFL.0033.0007.0001	PFLR-2.8	Exhibit YY-01.013
				VIC	20/02/2024	PFL.0033.0008.0001	PFLR-2.9	Exhibit YY-01.014
						PFL.0033.0008.0003	PFLR-2.10	Exhibit YY-01.015
				TAS	20/02/2024	PFL.0033.0009.0001	PFLR-2.11	Exhibit YY-01.016
				SA	5/03/2024	PFL.0033.0010.0001	PFLR-2.12	Exhibit YY-01.017

Chapter/Topic	PFL date	PFL DOC ID	PFL Final Report Reference	Response	Date Response Received	Response DOC ID	Response Report Reference	Exhibit number
31 - Coroners and Coronial Processes (for Commonwealth and States and territories)	16/02/2024	PFL.0031.0001.0001 PFL.0031.0001.0049 (updated annexure A)	PFL-3 PFL-3A	Cth	7/03/2024	PFL.0031.0002.0002 PFL.0031.0002.0003	PFLR-3.1 PFLR-3.2	Exhibit YY-01.018 Exhibit YY-01.019
				WA	7/03/2024	PFL.0031.0003.0001 PFL.0031.0003.0002 PFL.0031.0003.0017 PFL.0031.0003.0028 PFL.0031.0003.0052 PFL.0031.0003.0054 PFL.0031.0003.0069 PFL.0031.0003.0072 PFL.0031.0003.0074	PFLR-3.3 PFLR-3.4 PFLR-3.5 PFLR-3.6 PFLR-3.7 PFLR-3.8 PFLR-3.9 PFLR-3.10 PFLR-3.11	Exhibit YY-01.020 Exhibit YY-01.021 Exhibit YY-01.022 Exhibit YY-01.023 Exhibit YY-01.024 Exhibit YY-01.025 Exhibit YY-01.026 Exhibit YY-01.027 Exhibit YY-01.028
				NT	7/03/2024	PFL.0031.0004.0003	PFLR-3.12	Exhibit YY-01.029
				QLD	4 and 7/03/2024	PFL.0031.0005.0001 PFL.0031.0005.0002 PFL.0031.0005.0005 PFL.0031.0005.0010 PFL.0031.0005.0019	PFLR-3.13 PFLR-3.14 PFLR-3.15 PFLR-3.16 PFLR-3.17	Exhibit YY-01.030 Not tendered Not tendered Not tendered Exhibit YY-01.031
				NSW	15/03/2024	PFL.0031.0006.0004 PFL.0031.0006.0005	PFLR-3.18 PFLR-3.19	Exhibit YY-01.032 Exhibit YY-01.033
				ACT	7 and 13/03/2024	PFL.0031.0007.0001 PFL.0031.0007.0002 PFL.0031.0007.0007	PFLR-3.20 PFLR-3.21 PFLR-3.22	Not tendered Exhibit YY-01.034 Exhibit YY-01.035
				VIC	12 and 13/03/2024	PFL.0031.0008.0001 PFL.0031.0008.0006 PFL.0031.0008.0019 PFL.0031.0008.0022	PFLR-3.23 PFLR-3.24 PFLR-3.25 PFLR-3.26	Not tendered Exhibit YY-01.036 Exhibit YY-01.037 Exhibit YY-01.038
				TAS	22/03/2024	PFL.0031.0009.0003 PFL.0031.0009.0012	PFLR-3.27 PFLR-3.28	Exhibit YY-01.039 Exhibit YY-01.040
				SA	7/03/2024	PFL.0031.0010.0002 PFL.0031.0010.0003	PFLR-3.29 PFLR-3.30	Exhibit YY-01.041 Exhibit YY-01.042

Chapter/Topic	PFL date	PFL DOC ID	PFL Final Report Reference	Response	Date Response Received	Response DOC ID	Response Report Reference	Exhibit number
8B - IGADF Tranche 1 (DSIR) - Cth	1/03/2024	PFL.0008.0001.0001	PFL-4	Cth	22/03/2024	PFL.0008.0002.0001 PFL.0008.0002.0370	PFLR-4.1 PFLR-4.2	Exhibit YY-01.043 Exhibit YY-01.046
8B - IGADF Tranche 2 (ROG) - Cth	13/03/2024	PFL.0008.0001.0027	PFL-5	Cth	27/03/2024	PFL.0008.0002.0032 PFL.0008.0002.0370	PFLR-5.1 PFLR-4.2	Exhibit YY-01.044 Exhibit YY-01.046
8B - IGADF Tranche 3 - DII (Inquiries and Investigations and DMJPA (Audits) - Cth	25/03/2024	PFL.0008.0001.0041	PFL-6	Cth	8/04/2024	PFL.0008.0002.0037 PFL.0008.0002.0370	PFLR-6.1 PFLR-4.2	Exhibit YY-01.045 Exhibit YY-01.046
8B - IGADF Tranche 4 - Training and qualifications of staff	8/04/2024	PFL.0008.0001.0101	PFL-7	Cth	19/04/2024	PFL.0008.0002.0204	PFLR-7	Exhibit YY-01.047

Chapter/Topic	PFL date	PFL DOC ID	PFL Final Report Reference	Response	Date Response Received	Response DOC ID	Response Report Reference	Exhibit number
28A - States and Territories (and the interaction of the Commonwealth and Commonwealth agencies with States and Territories)	26/03/2024	PFL.0028.0001.0001	PFL-8	Cth	17/04/2024	PFL.0028.0002.0001	PFLR-8.1	Exhibit YY-01.048
				WA	16/04/2024	PFL.0028.0003.0001	PFLR-8.2	Exhibit YY-01.049
				NT	16/04/2024	PFL.0028.0003.0007	PFLR-8.3	Exhibit YY-01.050
				QLD	23/04/2024	PFL.0028.0004.0001	PFLR-8.4	Exhibit YY-01.051
						PFL.0028.0004.0014	PFLR-8.5	Exhibit YY-01.052
						PFL.0028.0005.0001	PFLR-8.6	Exhibit YY-01.053
				NSW	16/04/2024	PFL.0028.0006.0001	PFLR-8.7	Exhibit YY-01.054
						PFL.0028.0006.0002	PFLR-8.8	Exhibit YY-01.055
				ACT	12/04/2024	PFL.0028.0007.0001	PFLR-8.9	Exhibit YY-01.056
				VIC	16/04/2024	PFL.0028.0008.0001	PFLR-8.10	Exhibit YY-01.057
7E - Postings (Cth)	27/03/2024	PFL.0007.0001.0001	PFL-9			PFL.0028.0008.0002	PFLR-8.11	Exhibit YY-01.058
				TAS	16/04/2024	PFL.0028.0009.0001	PFLR-8.12	Exhibit YY-01.059
				SA	16/04/2024	PFL.0028.0010.0001	PFLR-8.13	Exhibit YY-01.060
				Cth	19/04/2024	PFL.0007.0002.0001	PFLR-9	Exhibit YY-01.061
7E - Postings (Cth) - Supplementary Letter	4/04/2024	PFL.0007.0001.0106	PFL-10	Cth	19/04/2024	PFL.0007.0002.0001	PFLR-10	Exhibit YY-01.061
8C - External oversight of the ADF T1 (AHRC) Additional Letter sent 24 April	28/03/2024	PFL.0008.0001.0059 PFL.0007.0002.0126	PFL-11 PFL-11A	AHRC	16/04/2024 03/05/2024	PFL.0008.0002.0060 PFL.0008.0002.0073 PFL.0008.0002.0078 PFL.0008.0002.0312 PFL.0008.0002.0370	PFLR-11.1	Exhibit YY-01.062
							PFLR-11.2	Exhibit YY-01.063
							PFLR-11.3	Exhibit YY-01.064
							PFLR-11.4	Exhibit YY-01.066
							PFLR-4.2	Exhibit YY-01.046

Chapter/Topic	PFL date	PFL DOC ID	PFL Final Report Reference	Response	Date Response Received	Response DOC ID	Response Report Reference	Exhibit number
8C - External oversight of the ADF T2 (Ombudsman) Additional letter send 24 April	28/03/2024	PFL.0008.0001.0063 PFL.0008.0001.0124	PFL-12	Ombudsman	16/04/2024 03/05/2025	PFL.0008.0002.0080	PFLR-12.1	Exhibit YY-01.065
						PFL.0008.0002.0312	PFLR-12.2	Exhibit YY-01.066
						PFL.0008.0002.0370	PFLR-4.2	Exhibit YY-01.046
8C - External oversight of the ADF T3 (Comcare)	5/04/2024	PFL.0008.0001.0092	PFL-13	Cth	23/04/2024	PFL.0008.0011.0001	PFLR-13	Exhibit YY-01.069
29B - Ex Service Organisations	3/04/2024	PFL.0029.0001.0001	PFL-14	Cth	24/04/2024	PFL.0029.0002.0001	PFLR-14	Exhibit YY-01.070
7C - Retention Incentives	3/04/2024	PFL.0007.0001.0089	PFL-15	Cth	1/05/2024	PFL.0007.0002.0085	PFLR-15	Exhibit YY-01.068
7H - Sexual Misconduct (including the role and operation of SeMPRO)	4/04/2024	PFL.0007.0001.0029 PFL.0007.0001.0079 (Schedule 3)	PFL-16 PFL-16A	Cth	30/04/2024	PFL.0007.0002.0039	PFLR-16	Exhibit YY-01.067
18 - Transition	8/04/2024	PFL.0018.0001.0001	PFL-17	Cth	26/04/2024	PFL.0018.0002.0001	PFLR-17	Exhibit YY-01.071
7I - Military Justice - Part 1	8/04/2024	PFL.0007.0001.0022	PFL-18	Cth	23/04/2024	PFL.0007.0002.0022 PFL.0007.0002.0026	PFLR-18.1 PFLR-18.2	Exhibit YY-01.072 Exhibit YY-01.073
7I - Military Justice Part 2	26/04/2024	PFL.0007.0001.0233	PFL-19	Cth	14/05/2024	PFL.0007.0002.0245	PFLR-19	Exhibit YY-01.076
7D - MEC	10/04/2024	PFL.0007.0001.0344	PFL-20	Cth	24/05/2024	PFL.0007.0002.0393	PFLR-20	Exhibit YY-01.077

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7C - Retention - hollowness and burnout	11/04/2024	PFL.0007.0001.0125	PFL-21	Cth	3/05/2024	PFL.0007.0002.0126	PFLR-21	Exhibit YY-01.075
7A - Recruitment - Informing candidates about the health and wellbeing risks of service	11/04/2024	PFL.0007.0001.0110	PFL-22	Cth	3/05/2024	PFL.0007.0002.0104	PFLR-22	Exhibit YY-01.074
33 - Data (supplemental to the letter dated 21 December 2023)	12/04/2024	PFL.0033.0001.0103	PFL-23	Cth (Protected)	9/05/2024	PFL.0033.0002.0164	PFLR-23.1	Not tendered
7H - Unacceptable Behaviour and claims management.	12/04/2024	PFL.0007.0001.0160	PFL-24	Cth (unclassified/redacted)	17/06/2024	PFL.0033.0002.0220	PFLR-23.2	Exhibit YY-01.078
				Cth	9/05/2024	PFL.0007.0002.0163	PFLR-24.1	Exhibit YY-01.079
				Defence Force Discipline Appeal Tribunal	13/05/2024	PFL.0007.0013.0001	PFLR-24.2	Exhibit YY-01.080
33 - Data - Economic impact of mental ill health, suicide and self-harm attributable to service within the ADF	12/04/2024	PFL.0033.0001.0095 PFL.0033.0001.0097	PFL-25 PFL-25A	Cth	6/05/2024	PFL.0033.0002.0150	PFLR-25	Exhibit YY-01.081

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2G - Commonwealth/ interaction with the Royal Commission	15/04/2024	PFL.0002.0001.0001	PFL-26	Cth	3/05/2024	PFL.0002.0002.0001	PFLR-26	Exhibit KK-01
7G - Defence culture and leadership	18/04/2024	PFL.0007.0001.0383	PFL-27	Cth	20/05/2024	PFL.0007.0002.0442	PFLR-27	Exhibit YY-01.082
30 - Families	18/04/2024	PFL.0030.0001.0001	PFL-28	Cth	8/05/2024	PFL.0030.0002.0001	PFLR-28	Exhibit YY-01.083
7C - Retention - Service Obligations	19/04/2024	PFL.0007.0001.0134	PFL-29	Cth	3/05/2024	PFL.0007.0002.0137	PFLR-29	Exhibit YY-01.084
7B - Training - Conduct After Capture	22/04/2024	PFL.0007.0001.0149	PFL-30	Cth	7/05/2024	PFL.0007.0002.0150	PFLR-30	Exhibit YY-01.085
7A - Recruitment - Entry Screening and Support	24/04/2024	PFL.0007.0001.0294 PFL.0007.0002.0392	PFL-31 PFL-31A	Cth	24/05/2024	PFL.0007.0002.0341	PFLR-31	Exhibit YY-01.086
7B - Training	24/04/2024	PFL.0007.0001.0468	PFL-32	Cth	21/05/2024	PFL.0007.0002.0547	PFLR-32	Exhibit YY-01.087
7 - Deployments	26/04/2024	PFL.0007.0001.0258	PFL-33	Cth	22/05/2024	PFL.0007.0002.0304	PFLR-33	Exhibit YY-01.088
33 - Supplementary Data - Veterans MATES Program (Cth)	26/04/2024	PFL.0033.0001.0136	PFL-34	Cth	14/05/2024	PFL.0033.0002.0210	PFLR-34	Exhibit YY-01.089

Chapter/Topic	PFL date	PFL DOC ID	PFL Final Report Reference	Response	Date Response Received	Response DOC ID	Response Report Reference	Exhibit number
33 - Data - MATES Program (University of South Australia)	30/04/2024	PFL.0033.0001.0133	PFL-35	Cth	13/05/2024	PFL.0033.0012.0001	PFLR-35	Exhibit YY-01.090
3C - Special Report on establishing a new entity	29/04/2024	PFL.0003.0001.0001 PFL.0003.0001.0054	PFL-36 PFL-36A	Cth	17/05/2024	PFL.0003.0002.0001 PFL.0003.0002.0004 PFL.0003.0002.0014 PFL.0003.0002.0019	PFLR-36.1 PFLR-36.2 PFLR-36.3 PFLR-36.4	Exhibit YY-01.091 Exhibit YY-01.092 Exhibit YY-01.093 Exhibit YY-01.094
8A - Governance and Accountability	30/04/2024	PFL.0008.0001.0126	PFL-37	Cth - Tranche 1A (amended) Cth Tranche 1B	21/06/2024 12/06/2024	PFL.0008.0002.0315 PFL.0008.0002.0406	PFLR-37.1 PFLR-37.2	Exhibit YY-01.095 Exhibit YY-01.096
23: DVA - Compensation Advocacy	14/05/2024	PFL.0023.0001.0001	PFL-38	Cth (amended)	6/06/2024	PFL.0023.0002.0001	PFLR-38	Exhibit YY-01.097

Chapter/Topic	PFL date	PFL DOC ID	PFL Final Report Reference	Response	Date Response Received	Response DOC ID	Response Report Reference	Exhibit number
20: DVA - Claims processing	17/05/2024	PFL.0020.0001.0001	PFL-39	Cth - Tranche 1 (propositions 1, 3, and 4)	6/06/2024	PFL.0020.0002.0001	PFLR-39.1	Exhibit YY-01.158
				Cth - Tranche 2 (proposition 2)	12/06/2024	PFL.0020.0002.0030	PFLR-39.2	Not tendered
				Cth - Tranche 3 (proposition 9)	17/06/2024	PFL.0020.0002.0046 PFL.0020.0002.0049	PFLR-39.3 PFLR-39.4	Not tendered Not tendered
				Cth - Tranche 4 (propositions 7 and 8)	18/06/2024	PFL.0020.0002.0067	PFLR-39.5	Not tendered
				Cth - Tranche 5 - propositions 5 and 6	21/06/2024	PFL.0020.0002.0079	PFLR-39.6	Not tendered
				Cth - Consolidated response	27/06/2024	PFL.0020.0002.0093	PFLR-39.7	Exhibit YY-01.098
7H: Defence Abuse Response Taskforce (DART) (Commonwealth)	20/05/2024	PFL.0007.0001.0546	PFL-40	Cth	4/06/2024	PFL.0007.0002.0610 PFL.0007.0002.0628	PFLR-40	Not tendered

Chapter/Topic	PFL date	PFL DOC ID	PFL Final Report Reference	Response	Date Response Received	Response DOC ID	Response Report Reference	Exhibit number
7H: DART (States and Territories) - WA	21/05/2024	PFL.0007.0001.0594	PFL-41	WA	5/06/2024	PFL.0007.0003.0001 PFL.0007.0003.0002	PFLR-41.1 PFLR-41.2	Not tendered Not tendered
7H: DART (States and Territories) - NT		PFL.0007.0001.0609	PFL-42	NT	6/06/2024	PFL.0007.0004.0001	PFLR-42	Not tendered
7H: DART (States and Territories) - QLD		PFL.0007.0001.0601	PFL-43	QLD	5/06/2024	PFL.0007.0005.0001	PFLR-43	Not tendered
7H: DART (States and Territories) - NSW		PFL.0007.0001.0537	PFL-44	NSW	4/06/2024	PFL.0007.0006.0001 PFL.0007.0006.0002	PFLR-44.1 PFLR-44.2	Not tendered Not tendered
7H: DART (States and Territories) - ACT		PFL.0007.0001.0587	PFL-45	ACT	5/06/2024	PFL.0007.0007.0001	PFLR-45	Not tendered
7H: DART (States and Territories) - ACT Policing		PFL.0007.0001.0617	PFL-46	ACT Policing	7/06/2024	PFL.0007.0007.0003	PFLR-46	Not tendered
7H: DART (States and Territories) - VIC		PFL.0007.0001.0579	PFL-47	VIC	4/06/2024	PFL.0007.0008.0001	PFLR-47	Not tendered
7H: DART (States and Territories) - TAS		PFL.0007.0001.0530	PFL-48	TAS	3/06/2024	PFL.0007.0009.0001	PFLR-48	Not tendered
7H: DART (States and Territories) - SA		PFL.0007.0001.0571	PFL-49	SA	4/06/2024	PFL.0007.0010.0001 PFL.0007.0010.0002	PFLR-49.1 PFLR-49.2	Not tendered Not tendered

Chapter/Topic	PFL date	PFL DOC ID	PFL Final Report Reference	Response	Date Response Received	Response DOC ID	Response Report Reference	Exhibit number
15: Open Arms (health)	6/06/2024	PFL.0015.0001.0001	PFL-50	Cth	21/06/2024	PFL.0015.0002.0001	PFLR-50	Exhibit YY-01.099
8B: IGADF DSIR Supplementary Potential Propositions	13/06/2024	PFL.0008.0001.0181	PFL-51	Cth	18/06/2024	PFL.0008.0002.0381	PFLR-51	Exhibit YY-01.100
8A: Governance and Accountability - Supplementary PFL	27/05/2024	PFL.0008.0001.0187	PFL-52	Cth	18/06/2024	PFL.0008.0002.0385	PFLR-52	Exhibit YY-01.101
21: DVA Legislation	23/05/2024	PFL.0021.0001.0001	PFL-53	Cth	24/06/2024	PFL.0021.0002.0001 PFL.0021.0002.0037 PFL.0021.0002.0055	PFLR-53.1 PFLR-53.2 PFLR-53.3	Exhibit YY-01.103 Exhibit YY-01.104 Exhibit YY-01.102
16: Postvention (health)	6/06/2024	PFL.0016.0001.0001	PFL-54	Cth	25/06/2024	PFL.0016.0002.0001	PFLR-54	Exhibit YY-01.105
5: Understanding Suicide	27/05/2024	PFL.0005.0001.0001	PFL-55	Cth - Tranche 1	25/06/2024	PFL.0005.0002.0001	PFLR-55.1	Exhibit YY-01.106
				Cth - Tranche 2	28/06/2024	PFL.0005.0002.0032	PFLR-55.2	Exhibit YY-01.107
14: Introduction to healthcare for members and veterans	6/06/2024	PFL.0014.0001.0001	PFL-56	Cth	26/06/2024	PFL.0014.0002.0001	PFLR-56	Exhibit YY-01.108

Chapter/Topic	PFL date	PFL DOC ID	PFL Final Report Reference	Response	Date Response Received	Response DOC ID	Response Report Reference	Exhibit number
17: ADF suicide prevention program	6/06/2024	PFL.0017.0001.0001	PFL-57	Cth	26/06/2024	PFL.0017.0002.0001	PFLR-57	Exhibit YY-01.109
27: DVA Culture and Leadership	7/06/2024	PFL.0027.0001.0001	PFL-58	Cth	26/06/2024	PFL.0027.0002.0001	PFLR-58	Exhibit YY-01.110
16: Defence (ADF) Healthcare Services	11/06/2024	PFL.0016.0001.0013	PFL-59	Cth	27/06/2024	PFL.0016.0002.0017	PFLR-59	Exhibit YY-01.111
18: Healthcare for ex-serving members	6/06/2024	PFL.0018.0001.0037	PFL-60	Cth	28/06/2024	PFL.0018.0002.0083	PFLR-60	Exhibit YY-01.112
26: DVA - Expanding prevention and early intervention	4/06/2024	PFL.0026.0001.0001	PFL-61	Cth - Tranche 1	28/06/2024	PFL.0026.0002.0001	PFLR-61.1	Exhibit YY-01.113
				Cth - Tranche 2	4/07/2024	PFL.0026.0002.0013	PFLR-61.2	Exhibit YY-01.114
				Cth - Tranche 3	4/07/2024	PFL.0026.0002.0036	PFLR-61.3	Exhibit YY-01.115
				Cth - Tranche 4	4/07/2024	PFL.0026.0002.0059	PFLR-61.4	Exhibit YY-01.116
11: Protecting and promoting health and wellbeing among ADF members (health)	6/06/2024	PFL.0011.0001.0001	PFL-62	Cth	28/06/2024	PFL.0011.0002.0001	PFLR-62	Exhibit YY-01.117
13: Mefloquine and Tafenoquine	21/06/2024	PFL.0013.0001.0001	PFL-63	Cth	2/07/2024	PFL.0013.0002.0001	PFLR-63.1	Exhibit YY-01.118
				Cth - Second Response	5/07/2024	PFL.0013.0002.0022	PFLR-63.2	Exhibit YY-01.119

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7: Navy Clearance Divers Case Study	19/06/2024	PFL.0007.0001.0625	PFL-64	Cth - Tranche 1 (propositions 1-7)	3/07/2024	PFL.0007.0002.0631	PFLR-64.1	Not tendered
				Cth - Consolidated response	5/07/2024	PFL.0007.0002.0662	PFLR-64.2	Exhibit YY-01.120
13: Moral Injury	21/06/2024	PFL.0013.0001.0019	PFL-65	Cth	5/07/2024	PFL.0013.0002.0010	PFLR-65	Exhibit YY-01.121
27: DVA Culture (supplementary PFN)	22/06/2024	PFL.0027.0001.0010	PFL-66	Cth - Tranche 1 (amended)	23/07/2024	PFL.0027.0002.0029	PFLR-66.1	Exhibit YY-01.122
				Cth – Tranche 2	9/07/2024	PFL.0027.0002.0051	PFLR-66.2	Exhibit YY-01.123
				Cth – Tranche 3	9/07/2024	PFL.0027.0002.0060	PFLR-66.3	Exhibit YY-01.124
				Cth – Tranche 4	10/07/2024	PFL.0027.0002.0052	PFLR-66.4	Exhibit YY-01.125
				Cth – Tranche 5	11/07/2024	PFL.0027.0002.0064	PFLR-66.5	Exhibit YY-01.126
				Cth – Tranche 6	11/07/2024	PFL.0027.0002.0078	PFLR-66.6	Exhibit YY-01.127

Notes to the above:

The chapter names and numbers shown above are as they were during various stages of drafting this final report – some have changed, or the content has been combined with that of other chapters.

Additional submissions were provided to the Commonwealth on 12 June 2024, all under the same document identification code: PFL.0008.0002.0370.



Royal Commission
into Defence and Veteran Suicide